

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000246**

1. Entity Name  
**MSD FAMILY LIMITED COMPANY**



Principal Place of Business

**1222 DONNA DRIVE  
FORT MYERS, FL 33919**

Mailing Address

**1222 DONNA DRIVE  
FORT MYERS, FL 33919**

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0653098**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PULS, JAMES M  
9211 GRAN PALM CT  
RIVERVIEW, FL 33569**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PULS, HARRIET E. R
STREET ADDRESS	1222 DONNA DR.
CITY- ST- ZIP	FT. MYERS, FL 33919
TITLE	MGRM
NAME	PULS, JAMES M
STREET ADDRESS	9211 GRAND PALM COURT
CITY- ST- ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	PULS, ROBERT R
STREET ADDRESS	1222 DONNA DR.
CITY- ST- ZIP	FT. MYERS, FL 33919
TITLE	MGRM
NAME	PULS, JOHN L JR.
STREET ADDRESS	1222 DONNA DR.
CITY- ST- ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000232264

02/16/05-80068-006 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Robert R. Puls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-14-05

Date

239.939.5765

Daytime Phone #