

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003699**

1. Entity Name  
IGLS, L.L.C.



Principal Place of Business

C/O JAMES (SKIP) MUFALLI  
11050 SUMMERLIN SQUARE DR.  
FORT MYERS BEACH, FL 33931

Mailing Address

C/O JAMES (SKIP) MUFALLI  
11050 SUMMERLIN SQUARE DR.  
FORT MYERS BEACH, FL 33931



02052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0948692

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUFALLI, JAMES T  
C/O CENTURY 21 SUN STATE REALTY  
11050 SUMMERLIN SQUARE DRIVE  
FORT MYER BEACH, FL 33931

**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 re-issuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000107442  
04/09/04-80015-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MUFALLI, JAMES T  
11050 SUMMERLIN SQUARE DRIVE  
FORT MYERS BEACH, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:**

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

Date

Daytime Phone #