

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007692

1. Entity Name

DRAINE WEEKS FAMILY LLC.



Principal Place of Business

C/O AMBER J. VOJAK, ATTORNEY AT LAW
2164 C J LANE
LABELLE FL 33935

Mailing Address

C/O AMBER J. VOJAK, ATTORNEY AT LAW
2164 C J LANE
LABELLE FL 33935



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGNAM, MICHAEL F
1601 HENDRY STREET
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME VOJAK, AMBER J
STREET ADDRESS 2164 C J LANE
CITY-ST-ZIP LABELLE FL 33935-6632

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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: *Amber J. Vojak, Managing Member* **AMBER J. VOJAK** 2/1/05 863 674-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #