## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

## **FILED** Jan 30, 2006 08:00 AM DOCUMENT # L99000008037 **Secretary of State** 1. Entity Name LE BOURDON, L.L.C. Principal Place of Business Mailing Address 7935 AIRPORT PULLING RD. 7935 AIRPORT PULLING RD. SUITE 109 SUITE 109 NAPLES, FL 34109 NAPLES, FL 34109 01092006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0963110 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GRUBER, DAVID M CPA DO NOT WRITE 5150 TAMIAMI TRAIL N #501 IN THIS SPACE NAPLES, FL 34103 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, typed or printed name of registered agent and trite if applicable, (NOTE: Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME KAREN LEE WILLIAMS STREET ADDRESS 6868 LONE OAK BLVD. 11000000407011 CTTY-ST-20P NAPLES, FL 34109 07/07/06-80113-019 50.00 MGRM TITLE NAME HOWARD MELVIN WILLIAMS, III STREET ADDRESS 6868 LONE OAK BLVD. CITY-ST-ZIP NAPLES, FL 34109 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-57-Z/2 TITLE MAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Howard M. Mill_ Howard M.	Williams )	1/27/16	237-5%-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Cate	Dzytime Phone #