

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90021 024 ****50.00

DOCUMENT # M01000001632

1. Entity Name
ALGORITHMS TO GO, LLC



Principal Place of Business

**2560 CHARLESTON RD
NEW ALBANY, IN 47150**

Mailing Address

**PO BOX 1026
NEW ALBANY, IN 47150**

20016652



DO NOT WRITE IN THIS SPACE

01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
35-2092625

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILKINS, LARRY C
124 ISLE OF VENICE APT 2
FT LAUDERDALE, FL 33301**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILKINS, LARRY C
124 ISLE OF VENICE APT 2
FT LAUDERDALE, FL**

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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:

Larry Wilkins **Larry Wilkins**

1/26/05

812-948-0011

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

Date

Daytime Phone #