

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90145 010 *****55.00

DOCUMENT # M02000001316

1. Entity Name

WILLMAR, LLC



Principal Place of Business

**2400 WINDING CREEK BLVD.
BLDG. 26 APT. 103
CLEARWATER FL 33761**

Mailing Address

**1497 MAIN ST #117
DUNEDIN FL 34698**

2. Principal Place of Business

2400 WINDING CREEK

Suite, Apt. #, etc.

BLDG 26 APT 103

3. Mailing Address

Suite, Apt. #, etc.

City & State

DUNEDIN FLA

Zip

34698

Country

U.S.A.

City & State

Zip

34698

Country

U.S.A.

4. FEI Number

01-0705422

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**- CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TIMMER, WILLARD I
9142 CLAIRMONT COURT
CLEARWATER FL 33761**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TIMMER, MARILYN J
9142 CLAIRMONT COURT
CLEARWATER FL 33761**

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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: MARILYN J. TIMMER *Marilyn J. Timmer* **MGRM** **727-507-7711**

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

Date

Daytime Phone #