

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90075 009 *****55.00

DOCUMENT # M02000001316

1. Entity Name

WILLMAR, LLC



Principal Place of Business

2400 WINDING CREEK BLVD.
BLDG. 26 UNIT 103
DUNEDIN FL 34698

Mailing Address

1497 MAIN ST #117
DUNEDIN FL 34698

2. Principal Place of Business

19029 U.S. HWY 19 NORTH

3. Mailing Address

19029 U.S. HWY 19 NORTH

Suite, Apt. #, etc.

UNIT 11-A

Suite, Apt. #, etc.

UNIT 11-A

City & State

CLEARWATER FL.

City & State

CLEARWATER FL

Zip

33764

Country

USA

Zip

33764

Country

USA

1st MOORE

CR2E083 (10/04)

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME TIMMER, WILLARD I
STREET ADDRESS 9142 CLAIRMONT COURT
CITY-ST-ZIP CLEARWATER FL 33761

TITLE MGRM ☐ Delete
NAME TIMMER, MARILYN J
STREET ADDRESS 9142 CLAIRMONT COURT
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: MARILYN TIMMER *Marilyn Timmer* 1-24-05 727-507-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #