

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M02000001316

1. Entity Name

WILLMAR, LLC



FILED

Jan 24, 2007 08:00 AM

Secretary of State

Principal Place of Business
19029 US HWY 19 NORTH, UNIT 11-A
CLEARWATER FL 33764

Mailing Address
19029 US HWY 19 NORTH, UNIT 11-A
CLEARWATER FL 33764



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
01-0705422

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGRM
TIMMER, WILLARD I
19029 US HWY 19 NORTH, UNIT 11-A
CLEARWATER FL 33764

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

U00000602386
01/26/07-80087-016 55.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGRM
TIMMER, MARILYN J
19029 US HWY 19 NORTH, UNIT 11-A
CLEARWATER FL 33764

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CITY-STATE-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

1-22-07

727-507-7711

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

Date

Daytime Phone #