

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-14-2003 90092 042 ****50.00

DOCUMENT # M02000001316

1. Entity Name
WILLMAR, LLC



Principal Place of Business
**2400 WINDING CREEK BLVD.
BLDG. 26 APT. 10
CLEARWATER FL 33761**

Mailing Address
**2400 WINDING CREEK BLVD.
BLDG. 26 APT. 10
CLEARWATER FL 33761**

55052453

2. Principal Place of Business

3. Mailing Address

1497 Main St. #117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUNEDIN

City & State

City & State

FLORIDA

4. FEI Number

01-0905422

Applied For

Not Applicable

Zip

Country

Zip

Country

34698

USA

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

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

SIGNATURE: REGISTERED

July 9 2003 727-791-6080

Date

Daytime Phone #

CR2E083 (4/03)