

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90352 026 ****50.00

DOCUMENT # M04000002560

1. Entity Name

MARGARITAVILLE OF MARCO ISLAND, LLC



Principal Place of Business

13025 44TH AVE. NORTH
PLYMOUTH MN 55442

Mailing Address

13025 44TH AVE. NORTH
PLYMOUTH MN 55442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1137658

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

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON STREET
TALLAHASSEE FL 32301

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MEYER, KIM
STREET ADDRESS 6463 36TH AVE. SE
CITY-ST-ZIP ST. CLOUD MN 56304

TITLE MGRM ☐ Change ☒ Addition
NAME DURAND, BOB
STREET ADDRESS 13025 44TH AVE N
CITY-ST-ZIP PLYMOUTH MN 55442

TITLE MGRM ☐ Delete
NAME MEYER, TOM
STREET ADDRESS 6463 36TH AVE. SE
CITY-ST-ZIP ST. CLOUD MN 56304

TITLE MGRM ☐ Change ☒ Addition
NAME DURAND, CARLA
STREET ADDRESS 13025 44TH AVE N
CITY-ST-ZIP PLYMOUTH MN 55442

TITLE MGRM ☐ Delete
NAME DURAND, RALPH
STREET ADDRESS 15145 38TH AVE. N
CITY-ST-ZIP PLYMOUTH MN 55446

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

TITLE MGRM ☐ Delete
NAME DURAND, DOLORES
STREET ADDRESS 15145 38TH AVE. N
CITY-ST-ZIP PLYMOUTH MN 55446

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

TITLE MGRM ☐ Delete
NAME RASKOB, LESLIE
STREET ADDRESS 8704 MARYLAND AVE. N
CITY-ST-ZIP BROOKLYN PARK MN 55445

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

TITLE MGRM ☐ Delete
NAME RASKOB, KEITH
STREET ADDRESS 8704 MARYLAND AVE. N
CITY-ST-ZIP BROOKLYN PARK MN 55445

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

Date

Daytime Phone #

3-9-05

(763)
383-1624