

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001508

1. Entity Name

EDWARD MATHENY, E.A., LLC



FILED
Jan 24, 2007 08:00 AM
Secretary of State

Principal Place of Business

16225 JAYESS LANE
FT. MYERS, FL 33917

Mailing Address

16225 JAYESS LANE
FT. MYERS, FL 33917



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4173653

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHENY, EDWARD E
16225 JAYESS LANE
FT. MYERS, FL 33917

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MATHENY, EDWARD E
STREET ADDRESS 16225 JAYESS LANE
CITY-ST-ZIP FT. MYERS, FL 33917

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STREET ADDRESS
CITY-ST-ZIP

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01/26/07-80016-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Edward E Matheny

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

Date 1/24/07

Daytime Phone # _____