

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90118 011 ****50.00

60031640



02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3532609 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WINTZER, WILLIAM R
1105 N FEDERAL HWY
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name Sandi Morick
Street Address (P.O. Box Number is Not Acceptable) 1105 N. Federal Hwy
City Boynton Beach FL 33435

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 Sandi Morick
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/07
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WORRELL, THOMAS E JR
STREET ADDRESS 1105 N FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE MGRM ☐ Delete
NAME GOODYEAR, KIMBERLY
STREET ADDRESS 125 LA POSTA ROAD
CITY-ST-ZIP TASO, NM 87571

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 S/T ☐ Change ☒ Addition
NAME Gloria Foellmer
STREET ADDRESS 205 Ranchitos Rd, Taos Nm
CITY-ST-ZIP 87571

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

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

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 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: Gloria Foellmer

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

3-15-07

Date

505-758-5090

Daytime Phone #