

2nd and ~~File on or before Sept. 29, 1999 or Limited Liability Company~~
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED *WR 8/9*

99 AUG -5 AM 10:16

SECRETARY OF STATE
ALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001600**

WILLOW LAKE ENTERPRISES LTD. L.C.
1582 MUSKEGON DRIVE
CINCINNATI OH 45255

1a. Principal Place of Business Address

1582 MUSKEGON DRIVE
CINCINNATI OH 45255

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/21/1998

OH

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

31-1591735

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

DIECKHAUS, DEBORAH
9035 MICHAEL CIRCLE, UNIT 1
NAPLES FL 34113

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM RYAN, JOSEPH R

1582 MUSKEGON DRIVE

CINCINNATI OH

MGRM RYAN, JULIE ANN

1582 MUSKEGON DRIVE

CINCINNATI OH

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Julie Ann Ryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/15/99 513-474-3609

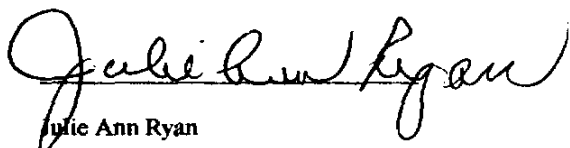
Date Daytime Phone #

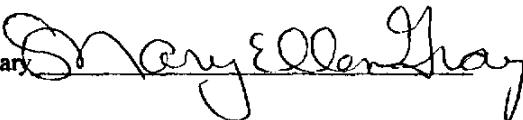
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TO WHOM IT MAY CONCERN:

This is my signed affidavit that I did not receive the LIMITED LIABILITY COMPANY ANNUAL REPORT FOR 1999 for May of 1999. The enclosed annual report is the first copy I have seen. I have therefore enclosed a check in the amount of \$188.75 to cover the cost of this report.

I contacted your office of July 28th and clerk advised me to send you this signed and notarized affidavit and the late fee would then not apply.


Julie Ann Ryan

Notary 

MARY ELLEN GRAY
Notary Public, State of Ohio
My Commission Expires March 4, 2002

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TALLAHASSEE FLORIDA