

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90154 017 ****50.00

DOCUMENT # Z00132

1. Entity Name

TOD-COR, L.C.



Principal Place of Business

6867 GRANADA BOULEVARD
CORAL GABLES FL 33146

Mailing Address

6867 GRANADA BOULEVARD
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0148399

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

WILSON, JANE F
6867 GRANADA BOULEVARD
CORAL GABLES FL 33146

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AVIRETT, SHELLEY	
STREET ADDRESS	4720 PONTE VEDRA DR.	
CITY - ST - ZIP	MARIETTA GA 33067	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILSON, DONNA	
STREET ADDRESS	3565 W GLENCOE ST	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILSON, BRIAN	
STREET ADDRESS	4944 O'CLOCK RUN RD.	
CITY - ST - ZIP	BREKENRIDGE CO 80424	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILSON, RICHARD	
STREET ADDRESS	1724 PINE AVE	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILSON, JANE	
STREET ADDRESS	6867 GRANADA BLVD	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 6489	
CITY - ST - ZIP	no mail is rec'd. @ 4 o'clock Run	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jane F. Wilson*

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

Jane F. Wilson

2/18/05 305-667-2427

Day

Daytime Phone #