


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90419 045 ****50.00

DOCUMENT # L03000042025

1. Entity Name
CERTITY, LLC



Principal Place of Business
2915 STATE ROAD 590
SUITE 15
CLEARWATER, FL 33759

Mailing Address
2915 STATE ROAD 590
SUITE 15
CLEARWATER, FL 33759

20010649



2. Principal Place of Business
205 Hancock CT

3. Mailing Address
205 Hancock CT

Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State
Safety Harbor FL

City & State
Safety Harbor FL

Zip
34695

Country
Pinellas

Zip
34695

Country
Pinellas

4. FEI Number
56-2413461

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE, LEWIS E
2915 STATE ROAD 590
SUITE 15
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name
Lewis E Lawrence

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

City
Safety Harbor

FL Zip Code
34695

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 Lewis E Lawrence Member 2/21/2006
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE, LEWIS E 2915 STATE ROAD 590, SUITE 15 CLEARWATER, FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE, JUDY L 2915 STATE ROAD 590, SUITE 15 CLEARWATER, FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	205 Hancock CT Safety Harbor FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	205 Hancock CT Safety Harbor FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lewis E Lawrence Member 2/21/2006 727-776-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #