

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-27-2006 90054 034 ****50.00

DOCUMENT # L03000057050	
1. Entity Name COURNOYER BUILDING LLC	

Principal Place of Business 1015 WOODCREST AVENUE CLEARWATER FL 33756 US	Mailing Address 1015 WOODCREST AVENUE CLEARWATER FL 33756 US
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2. Principal Place of Business 1015 Woodcrest Ave	3. Mailing Address 1015 Woodcrest Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clear, Fla.	City & State Clear, Fla.
Zip 33756	Country Pineellas
Zip 33756	Country Pineellas

4. FEI Number 20-0537322	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COURNOYER, WILLIAM F 1015 WOODCREST AVENUE CLEARWATER FL 33756	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) N/A	
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. N/A	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
MGR COURNOYER, WILLIAM F 1015 WOODCREST AVENUE CLEARWATER FL 33756	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete
MGR MADISON, JENNIFER R 1401 DUNCAN LOOP N #206 DUNEDIN FL 34698	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VP MITCHELL, RANDY 8114 SIMSBURY DR. PORT RICHEY FL 34668	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TR LONG, SCOTT R 1408 LEMON ST. CLEARWATER FL 33756	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Cournoyer	3-14-06	727-466-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date	Daytime Phone #	