

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M12000007225

1. Entity Name
PMB RENTALS, LLC



Principal Place of Business
**309 NORTH MARKET STREET
PARIS, TN 38242**

Mailing Address
**309 NORTH MARKET STREET
PARIS, TN 38242**



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1643560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERRY, AUSTIN
309 N MARKET ST
PARIS, TN 38242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCCAIN, LYNN
309 N MARKET ST
PARIS, TN 38242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOYD, TIM
309 N MARKET ST
PARIS, TN 38242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000474805
04/04/06-80036-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Tim Boyd

TIM BOYD, MEMBER

Date

Overtime Phone #

3-17-06 731-642-0006