


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

DOCUMENT # L04000087108		
1. Entity Name LARRY LARSON LLC		

FILED

05 MAR 29 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252005 Chg-LLC CR2E083 (10/03)

Principal Place of Business 202 BAYLISS CT PENSACOLA, FL 32526	Mailing Address 202 BAYLISS CT PENSACOLA, FL 32526
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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 74-335192	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent POYNER, REBECCA L 5906 MONTGOMERY AVE PENSACOLA, FL 32526	
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7. Name and Address of New Registered Agent	
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 	Rebecca L. Poyner	3/25/2005
Signature, typed or printed name of registered agent and title if applicable.		DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARSON, LARRY 202 BAYLISS CT PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: 	Larry W. Larson 3/25/05
Signature and typed or printed name of signing managing member, manager, or authorized representative	

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