

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90047 049 ****50.00

DOCUMENT # L03000055669

1. Entity Name
SMARTBIZ SIGNS, LLC



Principal Place of Business
**192 STATE ROAD 312
SAINT AUGUSTINE, FL 32086 US**

Mailing Address
**4066 WINDSOR PARKE DRIVE E.
JACKSONVILLE, FL 32224 US**

20031108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
02-0713504

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WHITE, CHARLEY
4066 WINDSOR PARKE DRIVE E.
JACKSONVILLE, FL 32224**

Name
CHARLES FLAVIEN

Street Address (P.O. Box Number is Not Acceptable)
168 OAK COMMON AVE.

City **ST. AUGUSTINE** FL Zip Code **32095**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/06

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITE, CHARLEY
4066 WINDSOR PARKE DRIVE E.
JACKSONVILLE, FL 32224** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CHARLES FLAVIEN
168 OAK COMMON AVE.
ST. AUGUSTINE, FL 32095** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06