

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90300 012 ****50.00

DOCUMENT # L00000011194

1. Entity Name

P & F, LLC



Principal Place of Business

1921 TAMPA EAST BLVD.
TAMPA FL 33619

Mailing Address

1921 TAMPA EAST BLVD.
TAMPA FL 33619



2. Principal Place of Business

1611 ALLISON WOODS LANE

3. Mailing Address

1611 ALLISON WOODS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3685857

Applied For

Not Applicable

Zip

33619

Country

HILLSBOROUGH

Zip

33619

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENORY, PAUL W
1921 TAMPA EAST BLVD.
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

PAUL W. SENORY

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

1611 ALLISON WOODS LANE

City

TAMPA

FL

Zip Code

33619

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SENORY, PAUL W
STREET ADDRESS 1921 TAMPA EAST BLVD
CITY-ST-ZIP TAMPA FL 33619

TITLE MGRM ☐ Delete
NAME SENORY, FRANCES F
STREET ADDRESS 202 WILD OAK DR
CITY-ST-ZIP BRANDON FL 33819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Frances F Senory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-3-06 813-626-4404

Date

Daytime Phone #