

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 034 ****50.00

DOCUMENT # L01000008512

1. Entity Name

MULLINS & ASSOCIATES, L.L.C.



Principal Place of Business

7126 ORCHID ISLAND PL
BRADENTON FL 34202

Mailing Address

7126 ORCHID ISLAND PL
BRADENTON FL 34202

De
132
Lakewood



2. Principal Place of Business

13223 PALMERS CREEK TERR
Suite, Apt. #, etc.

3. Mailing Address

13223 PALMERS CREEK TERRACE
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State

LAKEWOOD RANCH, FL

City & State

LAKEWOOD RANCH, FL

4. FEI Number

65-1114821

Applied For

Not Applicable

Zip

34202-5006

Country

MANATEE

Zip

34202-5006

Country

MANATEE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, DELNO V
7126 ORCHID ISLAND PLACE
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name DELNO V MULLINS

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

13223 PALMERS CREEK TERRACE

13223 LAKEWOOD RANCH

City LAKEWOOD RANCH

FL

Zip Code

34202-5006

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 registrant 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 MULLINS, DELNO VIRL
STREET ADDRESS 7126 ORCHID ISLAND PLACE
CITY-ST-ZIP BRADENTON FL 34202

TITLE MGRM ☐ Delete
NAME MULLINS, ULRIKE
STREET ADDRESS 7126 ORCHID ISLAND PL
CITY-ST-ZIP BRADENTON FL 34202

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:

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

Date

Daytime Phone #

April 17, 2006