

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010876

1. Entity Name
ANDYCAP INVESTMENTS, LLC



FILED
Apr 17, 2006 08:00 A
Secretary of State

Principal Place of Business
2201 MAPLEWOOD DRIVE
WEST PALM BEACH, FL 33415

Mailing Address
2201 MAPLEWOOD DRIVE
WEST PALM BEACH, FL 33415



04132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1119925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, PENNY L
2201 MAPLEWOOD DRIVE
WEST PALM BEACH, FL 33415

**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 MGRM
NAME KISIELEWSKI, TERRIE L
STREET ADDRESS 2201 MAPLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE MGRM
NAME ANDERSON, PENNY L
STREET ADDRESS 2201 MAPLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE MGRM
NAME ANDERSON, DAVID L
STREET ADDRESS 2201 MAPLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE MGRM
NAME ANDERSON, STEVEN W
STREET ADDRESS 2201 MAPLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE MGRM
NAME ANDERSON, DANIEL H
STREET ADDRESS 2201 MAPLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE MGRM
NAME KAVANAGH, NANCY A
STREET ADDRESS 2201 MAPLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

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000000515457
04/29/06-80211-018 50.00

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

4/18/06

Date

561-827-2044

Daytime Phone #