

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000019461

1. Entity Name
AMERITECH, LLC



Principal Place of Business

**6067 17TH STREET, EAST
BRADENTON, FL 34203**

Mailing Address

**6067 17TH STREET, EAST
BRADENTON, FL 34203**



01122008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-1151578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**GOCINSKI, ROBERT
6067 17TH STREET, EAST
BRADENTON, FL 34203**

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	P
NAME	UNGARELLI, JOSEPH
STREET ADDRESS	6067 17TH ST E
CITY-ST-ZIP	BRADENTON, FL
TITLE	VP
NAME	GOCINSKI, ROBERT
STREET ADDRESS	6067 17TH ST E
CITY-ST-ZIP	BRADENTON, FL
TITLE	T
NAME	UNGARELLI, DOROTHY
STREET ADDRESS	6067 17TH ST E
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80005-020 50.00

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IN THIS SPACE**

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 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

Date

Daytime Phone #

Robert Gocinski 1/14/06 941-753-7