

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000022419

1. Entity Name
MIMS PROPERTIES, LLC



Principal Place of Business

**100 SOUTH KENTUCKY AVENUE, SUITE 215
LAKELAND, FL 33801**

Mailing Address

**100 SOUTH KENTUCKY AVENUE, SUITE 215
LAKELAND, FL 33801**



03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0621407

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$50.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**T. MIMS CORP.
100 SOUTH KENTUCKY AVENUE, SUITE 215
LAKELAND, FL 33801**

**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

William T. Mims, President

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

(NOTE: Registered Agent signature required when reappointing)

4-17-06

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	T. MIMS CORP.
STREET ADDRESS	100 SOUTH KENTUCKY AVENUE, SUITE 215
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519597
05/02/06-80060-019 50.00

**DO NOT WRITE
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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William T. Mims*
By: *William T. Mims*

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

Date

Daytime Phone #

(863) 683-9297

William T. Mims, Pres./Managing Member