

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 046 ****55.00

DOCUMENT # L02000007969

1. Entity Name

CAXAMBAS, LLC



Principal Place of Business

113 VANN CIR.
PAXTON FL 32538

Mailing Address

P.O. BOX 5056
IMMOKALEE FL 34143



2. Principal Place of Business

13 VANN CIRCLE

3. Mailing Address

P.O. Box 527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Paxton, FL

City & State

Paxton, FL

Zip

32538

Country

U.S.A.

Zip

32538

Country

U.S.A.

4. FEI Number

65-6097102

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

ROBERTS, JUDY R
113 VANN CIRCLE
PAXTON FL 32538

7. Name and Address of New Registered Agent

Name ROBERTS, JUDY R.

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

13 VANN CIRCLE

City PAXTON

FL

Zip Code

32538

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

Judy R. Roberts

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

(NOTE: Registered Agent signature required when reinstating)

4-5-06

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 MGR
NAME ROBERTS, JUDY R
STREET ADDRESS 113 VANN CIRCLE
CITY-ST-ZIP PAXTON FL 32538 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROBERTS, JUDY R. ☒ Change ☐ Addition
STREET ADDRESS 13 VANN CIRCLE
CITY-ST-ZIP PAXTON, FL 32538

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

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

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

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

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

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:

Judy R. Roberts

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

4-5-06 239-860-3553

Date

Daytime Phone #