2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009137

TOWN AND COUNTRY SERVICES, LLC



FILED Feb 17, 2006 08:00 AM Secretary of State

Principal Place of Business **4757 SIMCOE STREET**

Mailing Address

4757 SIMCOE STREET PALM HARBOR, FL 34683 PALM HARBOR, FL 34683



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01302008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3640389

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BETTS, AMY K 4757 SIMCOE STREET PALM HARBOR, FL 34683

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	The above named entity submits this statement for the purpose of the obligations of registered agem.	changing its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
Sid	NATURE		
	Signature, typed or printed name of registered agent and tide if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

Filling Fee is \$50.00 Due by May 1, 2006

9.	9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS EITY-ST-ZIP	MGR BETTS, AMY K 218 5TH AVE SALT LAKE CITY, UT 84103		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLER, KRIS D 4757 SIMCOE ST. PALM HARBOR, FL 34683		-	
TITLE NAME STREET ADDRESS CITY-ST-2IP				
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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11. (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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE