

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90168 001 ***100.00

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| DOCUMENT # L02000010688 1. Entity Name LANDSTAR ASSOCIATES OF SARASOTA, L.L.C. | | | | | |
| Principal Place of Business 3908-A BRIGGS AVE SARASOTA, FL 34231 | | | Mailing Address 3908-A BRIGGS AVE SARASOTA, FL 34231 | | |
| 2. Principal Place of Business 1358 Fruitville Rd Suite, Apt. #, etc. Suite 310 City & State Sarasota FL Zip 34236 | | 3. Mailing Address 1358 Fruitville Rd Suite, Apt. #, etc. Suite 310 City & State Sarasota FL Zip 34236 | | 02232006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 01-0686335 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN ST., STE. 610 SARASOTA, FL 34236 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LISZEWSKI, KENNETH 7442 TAMiami TRAIL SARASOTA, FL 34243 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Nick Meloni 1358 Fruitville Rd Sarasota FL 34236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date April 2, 2006 Daytime Phone # | | |