

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000012798

1. Entity Name

EFFICACY PRODUCTS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:02



Principal Place of Business

5130 MAIN STREET  
SUITE 2A  
NEWPORT RICHEY FL 34652

Mailing Address

5130 MAIN STREET  
SUITE 2A  
NEWPORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Signature]*

2nd MOORE

CR2E083 (4/06)

4. FEI Number NO-T APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISER, DIADRA K  
3934 PASCAY CT  
HOLIDAY FL 34691

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

*[Signature: Diadra K Kiser]*

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

*[Signature: Diadra K Kiser]*

(NOTE: Registered Agent signature required when reappointing)

9/19/06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KISER, DIADRA K  
3934 PASCAY CT.  
HOLIDAY FL 34691 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400080314414  
09/29/06--01071--012 \*\*\$5.00 ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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:

*[Signature: Diadra Kiser]*

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

9/19/06 727  
8454944

Date

Daytime Phone #