2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012930

1. Entity Name:
MICHELINE LABERGE, ASID, LLC

Principal Place of Business	Mailing Address
4834 ROCKING HORSE LANE SARASOTA, FL 34241	4834 ROCKING HORSE LANE SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE

04192006 No Chg-LLC CR2E063 (11/05)

4. FEI Number
04-3743063
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GANS, RICHARD R ESQ.
1515 RINGLING BLVD. 10TH FLOOR
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LABERGE, MICHELINE
STREET ADDRESS	4834 ROCKING HORSE LANE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/08/06-80096-005 50.00

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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: Micheline Laberge 4/21/06 941-924-1778
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #