

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L02000015150

1. Entity Name

F. MCRAE INVESTMENTS, LLC



Principal Place of Business

1820 HIGHWAY 2 EAST
GRACEVILLE FL 32440

Mailing Address

PO BOX 7
GRACEVILLE FL 32440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

41-2047699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAUZAT, CAROLINE M
1820 HIGHWAY 2 EAST
GRACEVILLE FL 32440

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: DANZAR, CAROLINE
STREET ADDRESS: PO BOX 7
CITY-ST-ZIP: GRACEVILLE FL 32440 ☐ Delete

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add
000000398798
02/01/06-80027-016 50.00

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Change ☐ Add

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:

Carol Danzar

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

Date

Daytime Phone #