

**—2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000019675

1. Entity Name
MEARS ANCLOTE, LLC



Principal Place of Business

**PO BOX 2436
CLEARWATER, FL 33757**

Mailing Address

**PO BOX 2436
CLEARWATER, FL 33757-2436**



04172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3645445

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON
1253 PARK STREET
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MEARS, BARRY L
407 ROEBLING RD S
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U00000520580
05/02/06-80098-015 50.00

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IN THIS SPACE**

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:

Barry L Mears

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

4/17/06 727-446-5288

Date

Daytime Phone #