

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90041 023 ****50.00

DOCUMENT # L02000020681

1. Entity Name

JOHN C. SANSBURY, LLC



Principal Place of Business

1700 EMBASSY DRIVE, SUITE 107
WEST PALM BEACH FL 33401

Mailing Address

1700 EMBASSY DRIVE, SUITE 107
WEST PALM BEACH FL 33401

2. Principal Place of Business

8660 Thousand Pines

Suite, Apt. #, etc.

Circle
West Palm Beach

City & State

FL

Country

USA

3. Mailing Address

8660 Thousand Pines

Suite, Apt. #, etc.

Circle
West Palm Beach, FL

City & State

33411

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

26-6840445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANSBURY, JOHN C
1700 EMBASSY DRIVE, SUITE 107
WEST PALM BEACH FL 33401

8660 Thousand Pines Cir.
33411

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 filed 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

TITLE MGR
NAME SANSBURY, JOHN C
STREET ADDRESS 1700 EMBASSY DR., STE 107
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/4/06

561-793-4967