


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90036 018 ****50.00

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| DOCUMENT # L02000021810 |  |
| 1. Entity Name LIN-DOT TOO, LLC | |

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| Principal Place of Business 4931 OLEANDER AVE FORT PIERCE FL 34982 | Mailing Address 4931 OLEANDER AVE FORT PIERCE FL 34982 |
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|---|---|
| 2. Principal Place of Business 4900 SILVER OAK DR Suite, Apt. #, etc. | 3. Mailing Address 4900 SILVER OAK DR Suite, Apt. #, etc. |
|---|---|

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|-------------------------------------|--------------------------------------|
| City & State FORT PIERCE FLORIDA | City & State FORT PIERCE, FLORIDA |
| Zip 34982 | Country ST. LUCIE |
| Zip 34982 | Country ST. LUCIE |

1st MOORE CR2E083 (10/05)

4. FEI Number 56-2290166

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

6. Name and Address of Current Registered Agent

ALBRITTON, LINDA T
4900 SILVER OAK DRIVE
FORT PIERCE FL 34982

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALBRITTON, LINDA E 4900 SILVER OAK DR FORT PIERCE FL 34982 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Linda Albritton LINDA ALBRITTON 4/28/06 (772) 464-1929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #