

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90023 050 ****50.00

DOCUMENT # L02000023637

1. Entity Name

LIGHTSIDE CONCEPTS LLC



Principal Place of Business

**808 20TH AVE. W.
PALMETTO FL 34221**

Mailing Address

**P.O. BOX 204- 1888
PALMETTO FL 34220**



2. Principal Place of Business

3. Mailing Address

PO Box 1888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palmetto FL

Zip

Country

Zip

Country

34220

MAINE

1st MOORE

CR2E083 (10/05)

4. FEI Number

56-2311176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLIDDEN, MICHAEL
808 20TH AVE. W.
PALMETTO FL 34221**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
GLIDDEN, MICHAEL
808 20TH AVENUE W.
PALMETTO FL 34221**

☐ Delete

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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

3/12/06

Date

941 7233187

Daytime Phone #