

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000025091

1. Entity Name
SWEET PROSPECT LTD. CO.



Principal Place of Business
**2900 E. JACKSON ST.
PENSACOLA, FL 32503 US**

Mailing Address
**2900 E. JACKSON ST.
PENSACOLA, FL 32503 US**



03132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0499999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAGWELL, SHERYL J
2900 E. JACKSON ST.
PENSACOLA, FL 32503**

**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**

1100000477568
04/06/06-80056-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLURED, MELISSA C 5790 LIMESTONE RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAMOND, GARY C 6195 VIRWOOD RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAGWELL, SHERYL J 2900 E JACKSON ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE: _____

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

3/13/2006 (850) 432-8484

Date

Daytime Phone #