

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025234

1. Entity Name
REGIONAL OUTDOOR, LLC



Principal Place of Business

**5511 HANSEL AVENUE
ORLANDO, FL 32809**

Mailing Address

**5511 HANSEL AVENUE
ORLANDO, FL 32809**



04102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0759282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOKE, DOUGLAS P
5511 HANSEL AVENUE
ORLANDO, FL 32809**

**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 canceling)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOOKE, DOUGLAS P
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGR
NAME	HOOKE, BRITTA J
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGRM
NAME	SLEIMAN, JOSEPH
STREET ADDRESS	2111 E MICHIGAN AVE #200
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000550468
05/13/06-80060-022 50.00

**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 608, Florida Statutes.

SIGNATURE: _____

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

4-26-06 401/851-1519

Date

Daytime Phone #