

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90011 014 ****50.00

DOCUMENT # L02000025261



1. Entity Name

E-Z STITCH, LLC

Principal Place of Business

1276 SW 34TH STREET
PALM CITY FL 34990
US

Mailing Address

1276 SW 34TH STREET
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

43-1975749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

FREESE, JAMES A ESQ.
2186 S.W. UNIVERSITY OF FLORIDA STREET
STUART FL 34997-7016

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 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

TITLE ☒ Delete
NAME **GST**
STREET ADDRESS **MARTIN, ALMA**
CITY-ST-ZIP **3629th W CORNELL AVE**
PALM CITY FL 34990

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MARTIN, ROSE**
CITY-ST-ZIP **2060 MADISON ST**
STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **LARRY CLARK, SR.**
CITY-ST-ZIP **3639 SW CORNELL AVE**
PALM CITY FL 34990

TITLE ☒ Change ☐ Addition
NAME **manager**
STREET ADDRESS **Alma MARTIN**
CITY-ST-ZIP **3629 SW CORNELL AVE**
PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Alma L Martin **ALMA L MARTIN (MGR) 4/28/06 (772) 2864454**

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

Date

Daytime Phone #