

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

**DOCUMENT # L02000025492**

1. Entity Name  
**ONCE A FARRIER, LLC**



2006 FEB 23 PM 3: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308**

Mailing Address  
**PO BOX 120  
HOSFORD, FL 32334**



01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2065238**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GARDNER, CHARLES R  
1300 THOMASWOOD DR  
TALLAHASSEE, FL 32308**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOSFORD, TIFFANY M PO BOX 120 HOSFORD, FL 32334
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02/28/06--01050--002 \*\*55.00

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IN THIS SPACE**

*Handwritten signature: 2/23/06 [Signature]*

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 Tiffany M Hosford Tiffany M Hosford 2/16/2006 656-16211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #