

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031340

1. Entity Name
IRON HORSE LAND COMPANY, LLC



Principal Place of Business
307 DIVISION AVE.
ORMOND BEACH, FL 32174

Mailing Address
307 DIVISION AVE.
ORMOND BEACH, FL 32174



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3766187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROTTY, KATHLEEN L
CROTTY & BARTLETT, P.A.
1800 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32114

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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 P
NAME PENLAND, MELISSA
STREET ADDRESS 307 DIVISION AVENUE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGRM
NAME STEVENS, SALLY
STREET ADDRESS 730 SANTA ANA AVE.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE S
NAME POMERENKE, ROBERT
STREET ADDRESS 307 DIVISION AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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NAME
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CITY-ST-ZIP

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01/11/06-80040-023 50.00

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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:

Melissa Penland

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

Date

Daytime Phone #