

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90033 024 ****50.00

DOCUMENT # L02000032362

1. Entity Name
RAMONA'S SHIRT PUT-ON, LC



Principal Place of Business
**524 SOUTHARD STREET
KEY WEST, FL 33040**

Mailing Address
**524 SOUTHARD STREET
KEY WEST, FL 33040**

DO NOT WRITE IN THIS SPACE



04092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0542910

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOWLER, CONNIE L
524 SOUTHARD STREET
KEY WEST, FL 33040**

**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
**MGRM
FOWLER, CONNIE L
1716 SOUTH ST.
KEY WEST, FL 33040**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

Connie Lee Fowler **CONNIE LEE FOWLER** **9 APR 06** **305-296-9962**