

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000033306

1. Entity Name
MISSION BROOK, LLC



Principal Place of Business
**1429 HIGHLAND DRIVE
TALLAHASSEE, FL 32317**

Mailing Address
**P.O. BOX 12563
TALLAHASSEE, FL 32317**

BK

FILED

2006 APR 24 AM 7:54



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04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3109193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, BRENDA D
1429 HIGHLAND DRIVE
TALLAHASSEE, FL 32317**

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DICKINSON, BRENDA D
1429 HIGHLAND DR
TALLAHASSEE, FL 32317**

TITLE
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**500072186185
04/27/06--01003--008 **50.00**

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: *Brenda D Dickinson*

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

Date

Daytime Phone #

4-24-06 *850-877-3494*