

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002556

Entity Name: AYERS UNLIMITED, LLC

FILED  
Sep 05, 2006  
Secretary of State

## Current Principal Place of Business:

4159 E. 4TH AVE.  
HIALEAH, FL 33013 US

## New Principal Place of Business:

## Current Mailing Address:

4159 E. 4TH AVE.  
HIALEAH, FL 33013 US

## New Mailing Address:

FEI Number: 57-1148985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

AYERS, CHARLES  
114 S.W. 96TH AVE.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

AYERS, CHARLES  
PO BOX 15121  
PLANTATION, FL 33318 US

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.

SIGNATURE:

09/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AYERS, DAVID  
Address: 201 S FIG TREE LANE  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR (X) Delete  
Name: AYERS, CHARLES  
Address: 114 SW 96 AVE  
City-St-Zip: PLANTATION, FL 33324 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID AYERS

MGRM

09/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date