


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 002 ****50.00

DOCUMENT # L03000004002 1. Entity Name FRANTZ SERVICES, LLC					
Principal Place of Business 1839 SUNNY DR E36 BRANDENTON, FL 34207			Mailing Address 1839 SUNNY DR. E36 E36 BRANDENTON, FL 34207		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4716 16th Ave E Suite, Apt. #, etc.			
City & State Zip Country		City & State Palmetto FL Zip Country 34221 US		4. FEI Number 22-3894450 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01162006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ESTIME, GILBERT 17454 SW 79 COURT MIAMI, FL 33157			7. Name and Address of New Registered Agent Name OTTO FRANTZ Street Address (P.O. Box Number is Not Acceptable) 4716 16th Ave E City Palmetto FL Zip Code 34221		
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 <u><i>OTTO FRANTZ</i></u> DATE <u>1/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANTZ, OTTO 1839 SUNNY DR. E36 BRANDENTON, FL 34207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4716 16th Ave E. Palmetto FL 34221-2230			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>OTTO FRANTZ</i></u> Date <u>1/16/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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