

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90145 011 ***150.00

DOCUMENT # L03000006028

1. Entity Name
SIDDALL ENTERPRISES, LLC



Principal Place of Business
**5423 NE 22ND TERRACE, NO. 1
FT LAUDERDALE, FL 33308**

Mailing Address
**5423 NE 22ND TERRACE, NO. 1
FT LAUDERDALE, FL 33308**

20051133



07252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0167786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRICK, WILLIAM W JR ESQ
1216 E ATLANTIC BLVD., SUITE 7
POMPANO BEACH, FL 33060**

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUMMERS SIDDALL, MARY - ANN TRUSTEE
STREET ADDRESS	C/O 5423 NE 22ND TERRACE, NO. 1
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	SIDDALL, GREGORY ALAN TRUSTEE
STREET ADDRESS	C/O 5423 NE 22ND TERRACE, NO. 1
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #