

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # LD3000007009

1. Entity Name
CARPLYN A POPE, LLC



Principal Place of Business
**1867 BRENTWOOD DRIVE
CLEARWATER, FL 33764 US**

Mailing Address
**1867 BRENTWOOD DRIVE
CLEARWATER, FL 33764 US**



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0083273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POPE, CAROLYN A
1867 BRENTWOOD DRIVE
CLEARWATER, FL 33764**

**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	MGR POPE, CAROLYN A 1867 BRENTWOOD DRIVE CLEARWATER, FL 33764
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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 606, Florida Statutes.

SIGNATURE: *Carolyn A Pope*

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

1-5-06 727-449-0546

Date

Daytime Phone #