

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90039 007 \*\*\*\*55.00

**DOCUMENT # L03000010044**

1. Entity Name

PLAIN THINKING PUBLISHERS, LLC



Principal Place of Business

4000 ST. JOHNS AVENUE  
SUITE 11-C  
JACKSONVILLE FL 32205  
US

Mailing Address

4000 ST. JOHNS AVENUE  
SUITE 11-C  
JACKSONVILLE FL 32205  
US



2. Principal Place of Business

1757 TALBOT AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1757 TALBOT AVENUE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

20-1350068

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

Zip

32205

Country

DUVAL

Zip

32205

Country

DUVAL

6. Name and Address of Current Registered Agent

COOGAN, CLARK S.  
4000 ST. JOHNS AVENUE  
STE 11-C  
JACKSONVILLE FL 32205

1757 TALBOT AVE  
JACKSONVILLE  
FL 32205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COOGAN, CLARK S  
1757 TALBOT AVENUE  
JACKSONVILLE FL 32205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CLARK S. COOGAN  
MGRM