

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90422 019 ****50.00

DOCUMENT # L03000010627

1. Entity Name

ARNCO LAND COMPANY, LLC



Principal Place of Business

341 W. OAK ST
KISSIMMEE, FL 34741

Mailing Address

P.O. BOX 450037
KISSIMMEE, FL 34745

40010738



02232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1886313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, GEORGE
341 W. OAK ST
KISSIMMEE, FL 34741

**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 the filer, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ARNOLD, GEORGE
STREET ADDRESS P.O. BOX 450037
CITY-ST-ZIP KISSIMMEE, FL 34745

TITLE MGRM
NAME ARNOLD, BENJAMIN
STREET ADDRESS P.O. BOX 450037
CITY-ST-ZIP KISSIMMEE, FL 34745

TITLE MGRM
NAME MCCUBBIN, DEATA M
STREET ADDRESS PO BOX 450037
CITY-ST-ZIP KISSIMMEE, FL 34745

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information submitted 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 person 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 #