

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-03-2006 90094 021 \*\*\*\*50.00

DOCUMENT # L03000010695

1. Entity Name  
STATION MANAGEMENT LLC



Principal Place of Business  
2908 SOUTH FLORIDA AVE.  
LAKELAND, FL 33803

Mailing Address  
2908 SOUTH FLORIDA AVE.  
LAKELAND, FL 33803

20047520



06182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
47-0916872

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BARRAND, LENNIE R  
5830 BUCK RUN DR  
LAKELAND, FL 33811

**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	MGR
NAME	BARRAND, LENNIE R
STREET ADDRESS	5830 BUCK RUN DR
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	MGR
NAME	BARRAND, TERRY L
STREET ADDRESS	5830 BUCK RUN DR
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	MGR
NAME	BARRAND, LENNOX R
STREET ADDRESS	1880 N-CRYSTAL LAKE DR. 922 LK HOLLINGSWORTH DR.
CITY-ST-ZIP	LAKELAND, FL 33803 CONDO. # 18
TITLE	MGR
NAME	BARRAND, INA M
STREET ADDRESS	922 LK HOLLINGSWORTH DR.
CITY-ST-ZIP	LAKELAND, FL 33803
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: Lennox R. Barrand 6-29-06 863-686-3543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #