

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90028 019 ****50.00

DOCUMENT # L03000011917

1. Entity Name
LANGSTON ENTERPRISES, LLC



Principal Place of Business
**140 GUY STRICKLAND RD.
CRAWFORDVILLE, FL 32327**

Mailing Address
**140 GUY STRICKLAND RD.
CRAWFORDVILLE, FL 32327**



03162006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3587974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPRADLEY, CEDRIC
682 MILLWOOD DR.
HAVANA, FL 32333**

**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
**MGRM
LANGSTON, DONNA A
140 GUY STRICKLAND RD.
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANGSTON, DANIEL M
140 GUY STRICKLAND RD.
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANGSTON, JAMES T
140 GUY STRICKLAND RD
CRAWFORDVILLE, FL 32327**

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 #

Donna A. Langston **Donna A. Langston** 3/25/06 (850) 644-6249