

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000012804**

1. Entity Name  
**LITTLE ROCK HOLDINGS, LLC**



Principal Place of Business  
**4603 RUE BORDEAUX  
LUTZ, FL 33558**

Mailing Address  
**4603 RUE BORDEAUX  
LUTZ, FL 33558**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**



04262008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2366219**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**CASTELLANO, NELSON T  
101 E. KENNEDY BLVD., SUITE 2700  
TAMPA, FL 33602**

**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 rechartering)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LITTLE ROCK MANAGEMENT, INC. 4603 RUE BORDEAUX LUTZ, FL 33558</b>
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05/18/06-80054-024 50.00

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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:** *X*

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

Date

Daytime Phone #

*X* **Xos Cambas** *Xos Camba* **4/27/06** **813-949-1964**