

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013430

1. Entity Name
NEW BEGINNINGS, LLC



Principal Place of Business

**19120 E. PENNSYLVANIA AVENUE, SUITE C
DENNELLO, FL 34432-6158**

Mailing Address

**19120 E. PENNSYLVANIA AVENUE, SUITE C
DENNELLO, FL 34432-6158**



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2110697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D'ARVILLE, BRENDA L
19120 E. PENNSYLVANIA AVENUE, SUITE C
DENNELLO, FL 34432-6158**

**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
**MGR
D'ARVILLE, BRENDA
19120 E PENN. AVE STE C
DUNNELLO, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCCOLGIN, LINDA W
9150 SW 197TH CIR
DUNNELLO, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

000000482557
04/11/06-80081-007 50.00

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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:

Brenda L D'Arville

1/9/06 (352) 489-0002

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

Date

Daytime Phone #