

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015809

1. Entity Name
THE SIX L.L.C.



Principal Place of Business

**2101 S. WAVERLY PL
SUITE 300
MELBOURNE, FL 32901**

Mailing Address

**2101 S. WAVERLY PL
SUITE 300
MELBOURNE, FL 32901**



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1584229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, BARRON F
2101 S. WAVERLY PL
SUITE 300
MELBOURNE, FL 32901**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITE, BARRON F
2101 W. WAVERLY PL
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITE, JOHN R
P.O. BOX 387
COLUMBUS, NC 28722**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCKINNEY, CARL H
3810 BURTON RD.
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CONSIG, ROBERT J
3475 SANDPIPER CT.
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWN, THOMAS J
425 SEVENTH AVE
INDIALANTIC, FL 329034337**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MALONE, E. MICHAEL
PO BOX 410766
MELBOURNE, FL 32941**

U00000632954
02/21/07-80042-020 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: *Barron F. White*

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

Date

Daytime Phone #

1/4/07 321-729-0324