

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017553

1. Entity Name
PHIL SIMON, LLC



Principal Place of Business
**3451 TWINBERRY CT.
BONITA SPRINGS, FL 34134**

Mailing Address
**3451 TWINBERRY CT.
BONITA SPRINGS, FL 34134**



02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
38-3681248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMON, PHIL
3451 TWINBERRY CT.
BONITA SPRINGS, FL 34134**

**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 this if applicable

(NOTE: Registered Agent signature required when renovating)

DATE _____

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

000000445627
03/07/06-80056-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SIMON, PHIL MGR
STREET ADDRESS	3451 TWINBERRY CT.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____

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

Phil Simon
2/21/06 239-405-0311

Date

Daytime Phone