

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000019578

1. Entity Name
PODSTERSHIRE, L.L.C.



Principal Place of Business
**370 N. HATHAWAY AVENUE
BRONSON, FL 32621**

Mailing Address
**P.O. BOX 1533
BRONSON, FL 32621**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEAUCHAMP, GREGORY V
107 E. PARK AVENUE
CHIEFLAND, FL 32644**

**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 | MGRM |
| NAME | MCKOY, DOUGLAS K |
| STREET ADDRESS | 370 N. HATHAWAY AVENUE |
| CITY-STATE-ZIP | BRONSON, FL 32621 |

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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: _____

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

Date

Daytime Phone #