

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90050 044 ****50.00

DOCUMENT # L03000019906

1. Entity Name
THE LOBOTOMY WORE OFF, LLC



Principal Place of Business
**6688 CORTEZ ROAD W.
BRADENTON, FL 34210**

Mailing Address
**6688 CORTEZ ROAD W.
BRADENTON, FL 34210**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2671472

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, CLINTON A
141 5TH STREET NW
WINTER HAVEN, FL 33881**

**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
HORNE, JOHN C
9925 LAUREL VALLEY AVE CIR
BRADENTON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARKNESS, GARY
4615 56TH ST W
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *John C Horne*

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

1/7/06

Date

*941
761-7797*

Daytime Phone #