

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023338

1. Entity Name
PROSPERITY EXPANSION GROUP, LLC



Principal Place of Business

141 FERNERY RD # 20 (C4)
LAKE LAND, FL 33809

Mailing Address

141 FERNERY RD # 20 (C4)
LAKE LAND, FL 33809



04162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3771571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, FRANKLYN G
141 FERNERY RD. #20 (C-4)
LAKE LAND, FL 33809

**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	BERRY, FRANKLIN G
STREET ADDRESS	141 FERNERY RD # 20 (C-4)
CITY-ST-ZIP	LAKE LAND, FL 33809
TITLE	MGRM
NAME	PAWLOWSKI, PATRICIA A
STREET ADDRESS	141 FERNERY RD. #20 (C-4)
CITY-ST-ZIP	LAKE LAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000533576
05/06/06-80126-020 50.00

**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:

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

Date

Daytime Phone #

Franklyn G. Berry 4/20/06 (862) 858-0275