

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90106 048 ****50.00

DOCUMENT # L03000030232

1. Entity Name
AGB, L.L.C.



Principal Place of Business
**42 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164**

Mailing Address
**PO BOX 220
FLAGLER BEACH, FL 32136**



04042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1201470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J
2 JUNGLE HUT ROAD, SUITE 1
PALM COAST, FL 32137**

**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: *Arthur M. Barr* *Arthur M. Barr* *Managing Member* *7-18-05*
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARR, ARTHUR M
2628 S. CENTRAL AVENUE
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arthur M. Barr* *Arthur M. Barr* *7-18-05* *386.437.2405*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #