

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90134 004 ****50.00

DOCUMENT # L03000035681

1. Entity Name

CYNTHIA L. SARRIS, P.A., LLC



Principal Place of Business

105 BONITO DRIVE
OCEAN RIDGE FL 33435

Mailing Address

105 BONITO DRIVE
OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

46 Granite Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Killingworth, CT

Zip

Country

Zip
06419

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

320090728
32-0690728

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOGT, CYNTHIA L
105 BONITO DRIVE
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VOGT, CYNTHIA L
STREET ADDRESS 105 BONITO DRIVE
CITY-ST-ZIP OCEAN RIDGE FL 33435

Delete

TITLE MGR
NAME VOGT, CYNTHIA L
STREET ADDRESS 46 Granite Hill Rd
CITY-ST-ZIP Killingworth, CT 06419

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Cynthia L. Vagt 1/30/06 (860) 395-9110