


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037046		
1. Entity Name CMI RESOURCES, LLC		
Principal Place of Business 1616 SOUTH 14TH ST. LEESBURG, FL 34748	Mailing Address 1616 SOUTH 14TH ST. LEESBURG, FL 34748	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent JONES, GARY 1616 SOUTH 14TH ST. LEESBURG, FL 34748		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWNE, GREGG F 1616 S 14TH ST LEESBURG, FL 34748	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCF JONES, GARY L 1616 S 14TH ST LEESBURG, FL 34748	
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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: <u>Gary Jones, CFO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/18/06</u> Daytime Phone # <u>352 3656522</u>



01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0259475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000394703
01/26/06-80021-007 50.00