

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039069

1. Entity Name
MERRICK PERMITS, LLC



Principal Place of Business
ATTN: CHARLENE MERRICK
8067 34TH AVE. N.
ST. PETERSBURG, FL 33710

Mailing Address
ATTN: CHARLENE MERRICK
8067 34TH AVE. N.
ST. PETERSBURG, FL 33710



03032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0172757

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRICK, CHARLENE M
8067 34TH AVE. N.
ST. PETERSBURG, FL 33710

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MERRICK, CHARLENE M
STREET ADDRESS	8067 34TH AVE. N
CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Charlene M Merrick*

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

4/7/05

Date

727-344-0133

Daytime Phone #