


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000041873**

1. Entity Name  
**ARC, LLC**



Principal Place of Business  
**7811 PORTO SUENO AVE  
 BRADENTON FL 34209**

Mailing Address  
**PO BOX 99  
 LONGBOAT KEY, FL 34228**

**DO NOT WRITE IN THIS SPACE**



01082006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1437069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WICKMAN & WYCKOFF, P.A.  
 4909 MANATEE AVE. WEST  
 BRADENTON, FL 34209**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR VERMEREN, NORA 7811 PORTO SUENO AVE. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERMEREN, JOSEPH 7811 PORTO SUENO AVE. BRADENTON, FL 34209
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**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:**  **1/8/06 941-705-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #