

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042219

1. Entity Name
ANNABELLA'S, LLC



Principal Place of Business
**1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407 US**

Mailing Address
**1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407 US**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0353676

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, FRANK JR.
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407**

**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**

**U00000404296
02/06/06-80040-024 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOOD, FRANK JR.
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	WOOD, VALORIE
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	WILBUR T. LEDMAN AS TRUSTEE OF THE WILBUR
STREET ADDRESS	3614 PRESERVE BLVD.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	MGRM
NAME	REED, MIKE
STREET ADDRESS	500 W. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	REED, MYRA
STREET ADDRESS	500 W. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Valorie J Wood

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

1/10/06

Date

850-234-2168

Daytime Phone #