

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044179

Entity Name: A/C BY MIKE B, LLC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

10908 SE 55TH AVE
BELLEVIEW, FL 344203372

New Principal Place of Business:

Current Mailing Address:

10908 SE 55TH AVE
BELLEVIEW, FL 344203372

New Mailing Address:

FEI Number: 20-0392410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WADE, DANIEL J
3391 E. SILVER SPRINGS BOULEVARD, STE. F
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BISSONETTE, MICHAEL B
10908 SE 55TH AVENUE
BELLEVIEW, FL 34420 US

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.

SIGNATURE: MICHAEL B BISSONETTE

05/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BISSONETTE, MICHAEL B
Address: 10908 SE 55TH AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: MGRM () Delete
Name: BISSONETTE, SUSAN L
Address: 10908 SE 55TH AVE
City-St-Zip: BELLEVIEW, FL 344203372

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL B. BISSONETTE

MGRM

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date