

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90091 037 ****50.00

20004414



01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0489447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUSTOE, JODI K ESQ.
COX & ROUSE, P.A.
240 LOOKOUT PLACE
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, PAMELA 3600 ARISTOTLE AVE. ORLANDO, FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIGGINS, JACK 3600 ARISTOTLE AVE. ORLANDO, FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, ROBERT 3600 ARISTOTLE AVE. ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pamela Wiggins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-09-06 407-207-4167
Date Daytime Phone #

ATTACHMENT

20004414
#L03000047105

COX & ROUSE, P.A.

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK
240 LOOKOUT PLACE
MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX
JODI K. MUSTOE
MICHAEL D. ROUSE*

TELE: (407) 644-5225
FAX: (407) 644-2866

*Board Certified in
Workers' Compensation

January 23, 2006

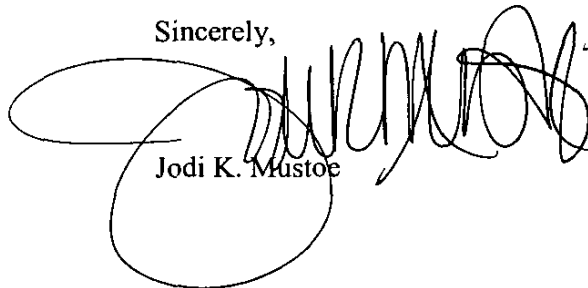
Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Swimming Pool Tile by Pam LLC

Dear Sir/Madam:

Enclosed for filing is a completed 2006 Limited Liability Company Annual Report along with check number 6088 in the amount of \$50.00. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Jodi K. Mustoe

JKM:gcr
Enclosures
cc: Pamela Wiggins