## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 03, 2006 08:00 AM DOCUMENT # L03000047351 **Secretary of State** 1. Entity Name RON ELLIS, LC Principal Place of Business Mailing Address 1455 RIDGE LAKE CT LAKELAND FL 33801 US 1455 RIDGE LAKE CT LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, RON 1455 RIDGE LAKE CT Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 City Zip Code FL 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, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when remotating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM ☐ Delete ☐ Change ☐ Addition NAME ELLIS, RON NAME STREET ADDRESS 1455 RIDGE LAKE CT STREET ADDRESS CHY-SI-ZIP LAKELAND FL 33801 CITY-SI-ZIP HRE ☐ Delete ☐ Change 10115 ☐ Addition U00000454336 03/15/06-80010-011 50.00 NAME NAME STREET ADDRESS STRUET AUDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 11725 ☐ Change Addition NAME NAME STREET AUCRESS STREET ADDRESS CITY-ST-ZIP City-St-20 THE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete BHS ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my agriculture shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited habitity company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

**FILED** 

3-1-2016 863-255-10