


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000047596		
1. Entity Name RICHARD T MARTIN, LLC.		
Principal Place of Business 5512 TROPIC DRIVE NEW PORT RICHEY, FL 34653	Mailing Address 5512 TROPIC DRIVE NEW PORT RICHEY, FL 34653	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, JOY M 10942 STATE ROAD 52 HUDSON, FL 34669		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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, RICHARD T 5512 TROPIC DRIVE NEW PORT RICHEY, FL 34653	
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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: <u>Richard T. Martin</u>		4/14/06 727.642.1541
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



03142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3230438

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required