## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 09, 2006 8:00 am Secretary of State **DOCUMENT #L03000048154** 1. Entity Name 02-09-2006 90149 044 \*\*\*\*50 00 RICHARD GIBBS, LLC Principal Place of Business Mailing Address 3215 MOSS ROAD 3215 MOSS ROAD BONIFAY, FL 32425 BONIFAY, FL 32425 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For <del>-26-5864604</del>-20-4092244 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3215 MOSS ROAD BONIFAY, FL 32425 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Delete TITLE TITLE Change Addition GIBBS, RICHARD NAME NAME STREET ADDRESS 3215 MOSS ROAD STREET ADDRESS CITY-ST-ZIP BONIFAY, FL 32425 CITY-ST-ZIP TITLE ☐ Delete MLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

2-3-06