

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

150.00
9-15-06

DOCUMENT # L03000048405

1. Entity Name

LAROSE AND CLARK, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 11:17

Principal Place of Business

1351 S RIDGEWOOD AVE #16
DAYTONA BEACH FL 32114

Mailing Address

1351 S RIDGEWOOD AVE #16
DAYTONA BEACH FL 32114

DAYTONA

1351 S. Ridgewood Ave

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #16

Suite, Apt. #, etc. 16

City & State

DAYTONA FL 32114

City & State

DAYTONA FL 32114

4. FEI Number

41-2117389

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

32114

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ARTHUR
1351 S RIDGEWOOD AVE #16
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

SAKE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME CLARK, ARTHUR ☐ Delete
STREET ADDRESS 1351 S RIDGEWOOD AVE #16
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 700082541567
STREET ADDRESS 12/14/06--01022--002 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700086234677
STREET ADDRESS 01/25/07--01041--025 **100.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

ARTHUR I. CLARK 12/14/06 3865973741