

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 07, 2006 8:00 am
Secretary of State

06-12-2006 90336 016 ****50.00

DOCUMENT # L03000049765 1. Entity Name KINGSMEN COMMUNICATIONS, LLC					
Principal Place of Business 12960 OGDEN ROAD PENSACOLA FL 32506				Mailing Address 12960 OGDEN ROAD PENSACOLA FL 32506	
2. Principal Place of Business 12960 Ogden Rd Suite, Apt. #, etc.		3. Mailing Address Kingsmen Comm. Suite, Apt. #, etc. PO Box 3336		1st MOORE CR2E083 (10/05) # 86-1172135	
City & State PENSACOLA, FL.		City & State PENSACOLA FL.		4. FEI Number APPLIED FOR	
Zip 32506		Country ESCAMBIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIEVIT, ODOM & BARLOW, P.A. 635 WEST GARDEN STREET PENSACOLA FL 32502				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELLIOTT, FREDERICK D 12960 OGDEN ROAD PENSACOLA FL 32506 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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>Frederick Elliott</u> 6/1/06 850-418-4454 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					