2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # L03000050603 1. Entity Name ZEKE'S HANDY REPAIR, LLC Principal Place of Business Mailing Address 2804 49TH STREET W BRADENTON FL 34209 2804 49TH STREET W **BRADENTON FL 34209** 3. Mailing Address 2. Principal Place of Business Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 32-0102562 Not Applicat: Country \$5.00 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALMOND, GERALD L Street Address (P.O. Box Number is Not Acceptable) 2804 49TH STREET W **BRADENTON FL 34209** Zip Code City 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, typind or position name of registerion agent and title if applicable (NOTE, flegisjered Agent signature required when reinstance) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change 🔲 Addition Delete DÜLE TITLE MGR NAME ALMOND, GERALD L MANE STREET ADDRESS 2804 49TH STREET W STREET ADDRESS 11000000447291 CITY-ST-ZIP 03/08/06 80048-823 50.00 CITY-ST-ZIP BRADENTON FL 34209 Delete Addition TITLE TIRE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Ze CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change Detete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CHTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZBP CITY-ST-ZIP ☐ Change TATLE Dolete Ditte Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

**FILED** 

SIGNATURE: Gerald Almond 2-24-06 (941) 794-2933

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am a managing member or manager of the timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.