

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2005 8:00 am
Secretary of State

03-23-2005 90242 005 ****55.00

DOCUMENT # L03000050694																													
1. Entity Name CURTIS ALMOND, LLC																													
Principal Place of Business 16300 JAYARE ROAD - SPRING HILL FL 34610			Mailing Address 16300 JAYARE ROAD SPRING HILL FL 34610																										
2. Principal Place of Business <i>All correct</i>			3. Mailing Address <i>as per above</i>																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 52-2415152																									
				Applied For Not Applicable																									
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent ALMOND, CURTIS 16300 JAYARE ROAD SPRING HILL FL 34610			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 <i>[Signature]</i> (NOTE: Registered Agent signature required when resigning) DATE																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																													
B. MANAGING MEMBERS/MANAGERS				C. ADDITIONS/CHANGES																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													