

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90109 031 ****50.00

DOCUMENT # L03000050708

1. Entity Name

PAUL E. LURVEY, LLC



Principal Place of Business

1242 SOUTH MILITARY TRAIL, #1014
DEERFIELD BEACH FL 33442

Mailing Address

1242 SOUTH MILITARY TRAIL, #1014
DEERFIELD BEACH FL 33442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

248 FARNHAM K

Suite, Apt. #, etc.

248 FARNHAM K

City & State

DEERFIELD BEACH, FL.

City & State

DEERFIELD BEACH, FL.

Zip

33442

Country

Zip

33442

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-2505373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LURVEY, PAUL E
1242 SOUTH MILITARY TRAIL, #1014
DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

248 FARNHAM K

City

DEERFIELD BEACH,

FL

Zip Code

33442

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 date 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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
LURVEY, PAUL E
STREET ADDRESS 1242 SOUTH MILITARY TRAIL, #1014
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE NAME
STREET ADDRESS 248 FARNHAM K
CITY-ST-ZIP DEERFIELD BEACH, FLORIDA 33442 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Paul E. Lurvey

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

2/11/06 (954) 806-9053

Date

Daytime Phone #