

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051207

1. Entity Name
TODD MCCAMMACK, LLC



Principal Place of Business

1763 COCOANUT AVE.
SARASOTA, FL 34234-843

Mailing Address

1763 COCOANUT AVE.
SARASOTA, FL 34234-843



05012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0454029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAY, JIM CPA
3984 MANATEE AVE EAST
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCAMMACK, TODD A
STREET ADDRESS	1763 COCOANUT AVE.
CITY-ST-ZIP	SARASOTA, FL 342348436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Todd A. McCammack
2/12/06 941-780 2915