

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90134 008 \*\*\*\*50.00

DOCUMENT # L03000052048

1. Entity Name

NEWBERRY'S MAINTENANCE, L.L.C.



Principal Place of Business

1487 CEDAR STREET  
NICEVILLE FL 32578

Mailing Address

1487 CEDAR STREET  
NICEVILLE FL 32578

2. Principal Place of Business

1487 Cedar St.

3. Mailing Address

1487 Cedar St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number

37-1480226

Applied For

Not Applicable

Zip

32578

Country

OKALOOSA

Zip

32578

Country

OKALOOSA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWBERRY, STEVEN A  
229 DOMINICA CIRCLE  
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

Steven A Newberry

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

1487 Cedar St.

City

Niceville

FL

Zip Code

32578

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

Steve A Newberry

(NOTE: Registered Agent signature required when reconstituting)

DATE

2-2-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME NEWBERRY, STEVEN A  
STREET ADDRESS 229 DOMINICA CIRCLE  
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE MGRM  
NAME Newberry, Steven A  
STREET ADDRESS 1487 Cedar St.  
CITY-ST-ZIP Niceville FL 32578 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

Steve A Newberry

2-2-06 (850) 499-0547

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

Date

Daytime Phone #