


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000052483</b>							
1. Entity Name <b>VALERIE TUMLINSON, LLC</b>							
Principal Place of Business <b>324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082 US</b>				Mailing Address <b>324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082 US</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>01-0803288</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fees Required							



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent <b>TUMLINSON, VALERIE L 324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City		City	
				<b>FL</b>		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 \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	MGR TUMLINSON, VALERIE L 324 SOUTH NINE DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Add
					U00000422232 02/17/06-80007-005 5.00		
					U00000422232 02/17/06-80007-006 50.00		

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 *Valerie L. Tumlinson* **Valerie L. Tumlinson** 7-2-06 904 780-1803