


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055063</b> 1. Entity Name <b>DAVID E. WITHERBY, LLC</b>	
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Principal Place of Business  
**281 SEBASTIAN BLVD.  
SEBASTIAN, FL 32958**

Mailing Address  
**281 SEBASTIAN BLVD.  
SEBASTIAN, FL 32958**



02152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WITHERBY, DAVID E  
281 SEBASTIAN BLVD.  
SEBASTIAN, FL 32958**

**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 May 1, 2006

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WITHERBY, DAVID E 281 SEBASTIAN BLVD SEBASTIAN, FL 32958</b>
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1100000439919  
15/02/06-80020-007 50.00

**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

**David E. Witherby**

Date

**2/16/06**

Daytime Phone #

**772-388-0433**