


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90046 009 *****55.00

DOCUMENT # L0300CG55934			
1. Entity Name TERRY HUFF, LLC			
Principal Place of Business 138 JOHNSON AVE LAKE PLACID FL 33852 US		Mailing Address 138 JOHNSON AVE LAKE PLACID FL 33852 US	
2. Principal Place of Business 226 Jessie Rd		3. Mailing Address 226 Jessie Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Placid FL		City & State Lake Placid FL	
Zip 33852	Country Highlands	Zip 33852	Country Highlands



1st MOORE CR2E083 (10/05)

4. FEI Number **38-3694742** ☐ Applied ☐ Not App

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUFF, TERRY L
76 HENDRY DRIVE
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **Terry L Huff**
Street Address (P.O. Box Number is Not Acceptable)
226 Jessie Rd
City **Lake Placid** FL Zip Code **33852**

I, 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 is acceptable

(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

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME HUFF, TERRY STREET ADDRESS 76 HENDRY DRIVE CITY-ST-ZIP LAKE PLACID FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Terry L Huff 226 Jessie Rd Lake Placid FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/06
Date

81.5000