

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000057017

1. Entity Name
WILLIAM LIPSCOMB, LLC



Principal Place of Business

270 46TH AVE
SAINT PETERSBURG BEACH, FL 33706 US

Mailing Address

270 46TH AVE
SAINT PETERSBURG BEACH, FL 33706 US

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number
20-0533676

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHLAPOWSKI, PATTI BROWN
6680 GULF BOULEVARD
ST. PETE BEACH, FL 33706

**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	MGRM
NAME	LIPSCOMB, WILLIAM
STREET ADDRESS	270 46TH AVE
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33706

TITLE	
NAME	
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CITY-ST-ZIP	

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02/02/06-80057-024 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: *William Lipscomb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-20-06

Date

Daytime Phone #