

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000932

1. Entity Name
BILLY CREEK ZIP DRIVE, LLC



Principal Place of Business
**801 ROMANO KEY CIRCLE
PUNTA GORDA, FL 33955 US**

Mailing Address
**801 ROMANO KEY CIRCLE
PUNTA GORDA, FL 33955 US**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0553269

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARS, DALE W
801 ROMANO KEY CIRCLE
PUNTA GORDA, FL 33955**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000379548
01/10/06-80039-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DALE W. MARS, TRUSTEE OF DALE W. MARS, TR
801 ROMANO KEY CIRCLE
PUNTA GORDA, FL 33955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHARON D. MARS, TRUSTEE OF S. D. MARS, TR
801 ROMANO KEY CIRCLE
PUNTA GORDA, FL 33955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Sharon D. Mars* **SHARON D. MARS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/6/2006 **1/6/2006** *235-693-2207*
Date Daytime Phone #