

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000001187

1. Entity Name
JOHN CHILDRESS L.L.C.



Principal Place of Business

**5697 SUNBEAM ST.
MILTON, FL 32570**

Mailing Address

**5697 SUNBEAM ST.
MILTON, FL 32570**

DO NOT WRITE IN THIS SPACE



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
47-0935857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHILDRESS, JOHN M
5697 SUNBEAM ST.
MILTON, FL 32570**

**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

John Childress

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-06

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHILDRESS, GINA C
5697 SUNBEAM ST.
MILTON, FL 32570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000531486
05/06/06-80039-018 50.00

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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:

Gina Childress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

4-19-06

Daytime Phone #