

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90024 026 \*\*\*\*50.00

**DOCUMENT # L04000002812**

1. Entity Name  
**PRICE INDUSTRIES, LLC**



Principal Place of Business  
**11632 HIGH STREET, STE B  
SEBASTIAN, FL 32958**

Mailing Address  
**11632 HIGH STREET, STE B  
SEBASTIAN, FL 32958**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0689102**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JOE P  
601 WIMBROW DR  
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAVIS, JOE P
STREET ADDRESS	11632 HIGH STREET, STE B
CITY- ST- ZIP	SEBASTIAN, FL 32958

TITLE	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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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: \_\_\_\_\_

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

**4-25-07 772-581-8591**

Date

Daytime Phone #