

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-08-2006 90089 017 *****55.00

DOCUMENT # L04000003961

1. Entity Name
YANCY'S PILING WRAPS LLC



Principal Place of Business
**200 NACO RD
C
FORT PIERCE, FL 34946**

Mailing Address
**200 NACO RD.
C
FORT PIERCE, FL 34946**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2228239

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEE, FRANK H IV ESQ
401 S INDIAN RIVER DR
FORT PIERCE, FL 34950**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YANCY, ROBERT E MGR
235 BIMINI DRIVE
FT. PIERCE, FL 34946-34949**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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: *Robert E Yancy*

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

Date

Daytime Phone #

1/25/06 772-464-6090