

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90091 037 ****50.00

DOCUMENT # L04000004650					
1. Entity Name BUCKLEY, LLC					
Principal Place of Business 1037 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176			Mailing Address 1037 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				2nd MOORE CR2E083 (5/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUCKLEY, DENNIS M 1037 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, DENNIS M 1037 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, LOIS A 1037 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lois A. Buckley

07-26-2005

386-441-3630