

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90010 027 ****50.00

DOCUMENT # L04000005498

1. Entity Name
GLOBAL SURVEYING OF WINTER HAVEN, L.L.C.



Principal Place of Business
118 WEST CENTRAL AVENUE
WINTER HAVEN, FL 33880

Mailing Address
118 WEST CENTRAL AVENUE
WINTER HAVEN, FL 33880



04112006No Chg-LLC

CR2E083 (11/05)*

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0494546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSS, ROBERT D
5004 ST. RD. 64 E.
BRADENTON, FL 34208

**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
CROSS, ROBERT D
3315 7TH STREET CIRCLE WEST
PALETTA, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CRUCE, LANNIE
118 WEST CENTRAL AVENUE
WINTER HAVEN, FL 33880

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

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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

7/28/06

Date

Daytime Phone # _____