

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009321

1. Entity Name
TERREL HADDAN LTD. CO.



FILED
06 APR 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
26134 BLUE STAR HWY.
HAVANNA, FL 32333

Mailing Address
26134 BLUE STAR HWY.
HAVANNA, FL 32333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
32-0116718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDAN, TERREL
26134 BLUE STAR HWY.
HAVANNA, FL 32333

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS HADDAN, TERREL
CITY-ST-ZIP 26134 BLUE STAR HWY.
HAVANNA, FL 32333 ☐ Delete

TITLE
NAME *Philip Godwin* ☐ Change ☒ Addition
STREET ADDRESS *MGRM*
CITY-ST-ZIP *26134 Blue Star Hwy HAVANNA 32333*

TITLE
NAME MGRM
STREET ADDRESS ANDERSON, JAMES
CITY-ST-ZIP 26134 BLUE STAR HWY.
HAVANA, FL 32333 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700070445337
04/14/06--01024--012 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Terrel H. Haddan* 4/10/06

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

Date

Daytime Phone #