2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000009369

1. Entity Name
BILLIE ANN SALA, L.L.C.

Principal Place of Business	Mailing Address
7835 W. INN ST. HOMOSASSA, FL 34446	P.O. BOX 2953 HOMOSASSA SPRINGS, FL 34447

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03042006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3575470

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BILLIE ANN SALA
7835 W. INN ST.
HOMOSASSA, FL 34446

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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, if applicable, of registered agent

Filing Fee is $50.00
Due by May 1, 2006

100000046135
03/23/06-80039-002 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BILLIE ANN SALA
STREET ADDRESS	P.O. BOX 2953
CITY ST ZIP	HOMOSASSA SPRINGS, FL 34447
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Billie Ann Sala

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