

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90037 034 ****50.00



DOCUMENT # L04000009786

1. Entity Name

MEADS MOBILE HOME SERVICE, LLC

Principal Place of Business

1351 SE SUWANNEE TRAIL
 BRANFORD FL 32008

Mailing Address

1351 SE SUWANNEE TRAIL
 BRANFORD FL 32008



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0692483

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEADS, LEROY F
 1351 SE SUWANNEE TRAIL
 BRANFORD FL 32008

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR Delete
 NAME: MEADS, LEROY F
 STREET ADDRESS: 1351 SE SUWANNEE TRAIL
 CITY-ST-ZIP: BRANFORD FL 32008

TITLE: MGRM Delete
 NAME: MEADS, SCOTT W
 STREET ADDRESS: 1132 SE PEACOCK TERRACE
 CITY-ST-ZIP: LAKE CITY FL 32025

TITLE: MGRM Delete
 NAME: HUTSON, WILLIAM L II
 STREET ADDRESS: 145 SE BRITT PLACE
 CITY-ST-ZIP: LAKE CITY FL 32025

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS / CHANGES

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

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

TITLE: Change Addition
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TITLE: Change Addition
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 CITY-ST-ZIP:

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Leroy F Meads*

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

4/20/06 386-752-3511

Date

Daytime Phone #