


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90015 017 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000010383 1. Entity Name MY SIS, LLC	
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Principal Place of Business 4554 ST. JOHNS AVENUE JACKSONVILLE, FL 32210	Mailing Address 4554 ST. JOHNS AVENUE JACKSONVILLE, FL 32210
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**DO NOT WRITE IN THIS SPACE**

01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0798456	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSTON, CLARENCE H JR.  
C/O TAYLOR, STEWART, HOUSTON & DUSS, P.A.  
1050 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**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	MGRM CLARK, CANDACE M 4554 ST. JOHNS AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWOOD, MELINDA M 4554 ST. JOHNS AVENUE JACKSONVILLE, FL 32210
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TITLE 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:** *Candace M Clark* **4-28-06 904-3874225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #