

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000010508

1. Entity Name  
MICHAEL FOUGHT LLC



Principal Place of Business  
2051 POINER TRAIL #159  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
3280 C42 S ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 32118



01262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0228668

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FOUGHT, MICHAEL  
2051 POINEER TRAIL #159  
NEW SMYRNA BEACH, FL 32168

**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

*MICHAEL FOUGHT*

Signature, typed or printed name of registered agent and fee if applicable

*[Signature]*

(NOTE: Registered Agent signature required when for stamp)

*4/27/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FOUGHT, MICHAEL  
2051 POINEER TRAIL #159  
NEW SMYRNA BEACH, FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000548530  
05/12/06-80089-005 \$5.00

**DO NOT WRITE  
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:

*(MICHAEL FOUGHT)* *[Signature]*

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

*4/27/06*

DATE

*9046260805*

Daytime Phone #