2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/9/2006-90094-030-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000012470

1. Entity Name
DONNIE R. SOLES & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
169 LORENZ DRIVE DEFUNIAK SPRINGS, FL 32435	169 LORENZ DRIVE DEFUNIAK SPRINGS, FL 32435

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 83-0385448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLES, DONNIE R
169 LORENZ DRIVE
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent

Name: Donnie R Soles
Street Address (P.O. Box Number is Not Acceptable): 169 Lorenz Drive
City: DeFuniak Springs FL Zip Code: 32435

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: Donnie R Soles [signature] 9-7-06
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CARROLL, JOHN C		NAME		
STREET ADDRESS	387 SQUIRREL HAVEN		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Donnie R Soles [signature] 9-7-06 850 6453289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #