# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000013507

Entity Name
WILLIAM D. FIX, LLC

Principal Place of Business
1415 CIRCLE DR
TARPON SPRINGS, FL 34689 US

Mailing Address
1415 CIRCLE DR
TARPON SPRINGS, FL 34689 US

01142006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-0750013

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIX, WILLIAM D
1415 CIRCLE DR
TARPON SPRINGS, FL 34689

**DO NOT WRITE IN THIS SPACE**

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***

MANAGING MEMBERS/MANAGERS

MGRM
FIX, WILLIAM D
1415 CIRCLE DR
TARPON SPRINGS, FL 34689

U00000398386
01/30/06-80033-008 50.00

**DO NOT WRITE IN THIS SPACE**

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: William D Fix William D. Fix 1-18-06 7279345306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #