

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90031 020 ****50.00

DOCUMENT # L04000017483

1. Entity Name

JANET'S ANTIQUES LLC



Principal Place of Business

**2525 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

Mailing Address

**2525 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

2. Principal Place of Business

2545 CENTRAL AVE.

Suite, Apt. #, etc.

3. Mailing Address

2545 CENTRAL AVE.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

Zip

33713

Country

USA

Zip

33713

Country

USA

4. FEI Number

20-0812439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWE, JANET N
2525 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

JANET N. HOWE

Street Address (P.O. Box Number is Not Acceptable)

2545 CENTRAL AVE.

ST. PETERSBURG, FL. 33713

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

Janet N. Howe

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

(NOTE: Registered Agent signature required when reinstating)

2/27/06

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 **HOWE, JANET N**
STREET ADDRESS **2525 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **MGR** ☐ Delete
NAME **TURVILLE, ANN H**
STREET ADDRESS **2525 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2545 CENTRAL AVE.**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2545 CENTRAL AVE.**
CITY-ST-ZIP

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:

Janet N. Howe

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

2/27/06 (727) 823-5700

Date

Daytime Phone #