

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000018708**

1. Entity Name  
PLYNA ST. L.L.C.



Principal Place of Business  
5114 COMMERCIAL WAY  
SPRING HILL, FL 34606

Mailing Address  
5114 COMMERCIAL WAY  
SPRING HILL, FL 34606



01262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0945927

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SMILEY, STEVEN E  
5114 COMMERCIAL WAY  
SPRING HILL, FL 34606

**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

*Steven E Smiley* Steven E Smiley  
(NOTE: Registered Agent signature required when reinstating)

4/17/06  
DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME SMILEY, STEVEN E  
STREET ADDRESS 11377 GENTER DRIVE  
CITY - ST - ZIP SPRING HILL, FL 34609

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000519998  
05/02/06-80077-018 50.00

**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:**

*Steven E Smiley* Steven E Smiley 4/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(352)  
596-8583