

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # L04000019189 | | | | | |
| 1. Entity Name TIMOTHY BRAZELL, LLC | | | | | |
| Principal Place of Business 20490 NORTHWEST WOOD CHOPPER LANE ALTHA FL 32421 US | | | Mailing Address 20490 NORTHWEST WOOD CHOPPER LANE ALTHA FL 32421 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 1st MOORE CR2E083 (10/05) | |
| 4. FEI Number 41-2131124 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRAZELL, TIMOTHY 20490 NORTHWEST WOOD CHOPPER LANE ALTHA FL 32421 | | | 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | C BRAZELL, TIMOTHY 20490 NORTHWEST WOOD CHOPPER LANE ALTHA FL 32421 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 000000425260 02/18/06-80088-001 55.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | 2-1-06 850-762-2382 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |