

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000019496

Entity Name
BARR AND ASSOCIATES, LLC



Principal Place of Business
**1725 COLLIER BLVD., UNIT A
NAPLES, FL 34116**

Mailing Address
**6931 SANDALWOOD LANE
NAPLES, FL 34109**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0786489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DINUNZIO, PHILIP R
6931 SANDALWOOD LANE
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

I, 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 reappointing)

DATE

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

MANAGING MEMBERS/MANAGERS

NAME	MGRM
ADDRESS	DINUNZIO, PHILIP R JR
CITY	6931 SANDALWOOD LANE
STATE	NAPLES, FL 34109
ZIP	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	

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**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/06