

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000020966 1. Entity Name ANDERSON DESIGN & DRAFTING, LLC	
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Principal Place of Business
21 JUNIPER PASS LANE
OCALA, FL 34480-9545

Mailing Address
21 JUNIPER PASS LANE
OCALA, FL 34480-9545



03042006 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, MAUREEN D
1 NE 1ST AVENUE, SUITE 205
OCALA, FL 34470

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, MAUREEN D 21 JUNIPER PASS LANE OCALA, FL 344809545
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03/18/06-80038-023 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: *Maureen D. Anderson*

3-6-06

352

947-6904

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

Date

Daytime Phone #