

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90003 018 ****50.00

DOCUMENT # L04000021165

1. Entity Name
**NATIONAL ASSOCIATION OF FIXTURE & GRAPHICS
INSTALLERS, LLC**



Principal Place of Business

**1970 HWY 87
#101
NAVARRE, FL 32566**

Mailing Address

**1970 HWY 87
#101
NAVARRE, FL 32566**

20014383



02102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHESSER, D. MICHAEL
1201 EGLIN PARKWAY
SHALIMAR, FL 32579**

**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 *Tami Kay Hodge* Tami Kay Hodge, President/owner 10 Feb 06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HODGE, TAMI K 2209 ORION LAKE DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HODGE, DOUGLAS P JR 2209 ORION LAKE DRIVE NAVARRE, FL 32566
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**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.

Tami Kay Hodge