

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022352

FILED
Sep 07, 2005
Secretary of State

Entity Name: NEWCOMB ENTERPRISE LLC

Current Principal Place of Business:

6649 LAKE WINONA RD
DELEON SPRINGS, FL 32130

New Principal Place of Business:

6749 LAKE WINONA RD
DELEON SPRINGS, FL 32130

Current Mailing Address:

6649 LAKE WINONA RD
DELEON SPRINGS, FL 32130

New Mailing Address:

6749 LAKE WINONA RD
DELEON SPRINGS, FL 32130

FEI Number: 20-0899540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWCOMB, RANDALL E
6649 LAKE WINONA RD
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

NEWCOMB, RANDALL E OWNER
6749 LAKE WINONA RD
DELEON SPRINGS, FL 32130 US

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.

SIGNATURE: RANDALL E NEWCOMB

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWCOMB, RANDALL E
Address: 6659 LAKE WINONA RD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGR () Delete
Name: NEWCOMB, AMANDA
Address: 6649 LAKE WINONA RD
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEWCOMB, RANDALL E
Address: 6749 LAKE WINONA RD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGR (X) Change () Addition
Name: NEWCOMB, AMANDA S CO-OWNE
Address: 6749 LAKE WINONA RD
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMANDA S NEWCOMB

OWNE

09/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date