

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000023470

1. Entity Name
THE REFERRAL GROUP, LLC



Principal Place of Business
**5681 S.E. 21 LANE
OCALA, FL 34471 US**

Mailing Address
**5681 S.E. 21 LANE
OCALA, FL 34477 US**



02172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1672654

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALFARONE, MARK
5681 S.E. 21 LANE
OCALA, FL 34477**

**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 reissuing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALFARONE, MARK
5681 SE 21 LANE
OCALA, FL 34478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CORBITT, CHRISTINA E
5681 S.E. 21 LANE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 (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:

[Handwritten Signature]

[Handwritten: 4-18-06 1352 216 1191]