

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000023701**

1. Entity Name  
**LARSON MANAGEMENT GROUP, LLC**



Principal Place of Business  
**3735 PEACOCK DRIVE  
MELBOURNE, FL 32904**

Mailing Address  
**3735 PEACOCK DRIVE  
MELBOURNE, FL 32904**



07052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1370345**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LARSON, DOUG  
3735 PEACOCK DRIVE  
MELBOURNE, FL 32904**

**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

*Doug Larson*  
Signature, typed or printed name of registered agent and title if applicable.

*Member*

(NOTE: Registered Agent signature required when resigning)

*8-15-06*

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LARSON, DOUG  
3735 PEACOCK DRIVE  
MELBOURNE, FL 32904**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000574539  
08/17/06-00002-004 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:**

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

*Member*

*8-15-06*

Date

Daytime Phone #