

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-09-2006 90152 017 ****50.00

DOCUMENT # L04000024250

1. Entity Name

FUEL SLICKS, LLC



Principal Place of Business

25 FOREST VIEW WAY
ORMOND BEACH FL 32174

Mailing Address

25 FOREST VIEW WAY
ORMOND BEACH FL 32174



2. Principal Place of Business

1103 Oxbridge Ln.
Suite, Apt. #, etc.

3. Mailing Address

1103 Oxbridge Ln.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Ormond Beach, FL.
Zip 32174 Country Volusia

City & State

Ormond Beach, FL.
Zip 32174 Country Volusia

4. FEI Number

20-1029221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTWELL, BRENDA L
25 FOREST VIEW WAY
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name Cantwell, Brenda L.
Street Address (P.O. Box Number is Not Acceptable)
1103 Oxbridge Ln.
City Ormond Beach FL Zip Code 32174

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DUEL SLIDES, LLC
STREET ADDRESS 25 FOREST VIEW WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☐ Addition
NAME FUEL SLICKS, LLC
STREET ADDRESS 1103 OXBRIDGE LN.
CITY-ST-ZIP ORMOND BEACH, FL. 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 2/9/06 (386) 586-0811 Daytime Phone #