

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000024285**

1. Entity Name

J. AUGUST & COMPANY, LLC



Principal Place of Business

8191 MIDNIGHT PASS RD  
SARASOTA, FL 34242

Mailing Address

8191 MIDNIGHT PASS RD  
SARASOTA, FL 34242



02162006 No Chg-LLC

CR2E093 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0157400

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLOTTERON, JOSEPH  
8191 MIDNIGHT PASS RD  
SARASOTA, FL 34242

**DO NOT WRITE  
IN THIS SPACE**

6. 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

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

8. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLOTTERON, JOSEPH A JR
STREET ADDRESS	8701 MIDNIGHT PASS RD., #201A
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000447479  
03/08/06-80060-013 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 605, Florida Statutes.

**SIGNATURE:**

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

**2/22/06**

Date

**941-346-5037**

Daytime Phone #