

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90022 023 \*\*\*\*50.00

**DOCUMENT # L04000026443**

1. Entity Name  
**JOSH CAMPBELL, LLC**



Principal Place of Business  
**24 WILKES DR  
PENSACOLA, FL 32503 US**

Mailing Address  
**24 WILKES DR  
PENSACOLA, FL 32503 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**2346 Windstone Dr**

Suite, Apt. #, etc.

**2346 Windstone Dr**

City & State

**Pensacola, FL**

City & State

**Pensacola, FL**

Zip

**32526**

Country

**USA**

Zip

**32526**

Country

**USA**

03282006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-0977908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, JOSH  
24 WILKES DR  
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name  
**Campbell, Josh**

Street Address (P.O. Box Number is Not Acceptable)

**2346 Windstone Dr**

City

**Pensacola**

**FL**

Zip Code

**32526**

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

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOSH	
STREET ADDRESS	24 WILKES DR	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Josh	
STREET ADDRESS	2346 Windstone Dr	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

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

**3/28/06**

Date

**850-944-0562**

Daytime Phone #