2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

02-06-2006 90179 013 *****5.00
04-07-2006 90213 020 ****45.00

DOCUMENT # L04000033668

1. Entity Name
FGG, LLC

Principal Place of Business
472 INDIGO LOOP N
DESTIN FL 32550

Mailing Address
472 INDIGO LOOP N
DESTIN FL 32550

2. Principal Place of Business
~~981 Hwy 98 E~~ 234 Diamond Cove
Suite, Apt. #, etc.

3. Mailing Address 234 Diamond Cove
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State Destin Fl.
Zip 32541 Country Okaloosa

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Zip 32541 Country Okaloosa

4. FEI Number 20-1099132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PORATH, SHANNON L
56 SPIRES LANE
16A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Mary K. Henry 4-4-06
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		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HENRY, MARY K	NAME	
STREET ADDRESS	472 INDIGO LOOP N	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32550	CITY-ST-ZIP	
TITLE	MGRM ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	HENRY, ROBERT M	NAME	
STREET ADDRESS	472 INDIGO LOOP N	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32550	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mary K. Henry 4-4-06 850-305-9062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #