


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000034201

1. Entity Name
TENTACLE HOLDINGS LLC



Principal Place of Business
12306 46TH AVE. WEST
CORTEZ, FL 34215

Mailing Address
P.O. BOX 1
CORTEZ, FL 34215

FILED
06 MAY 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0645719

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELL, KAREN L
12003 45TH AVE. WEST
CORTEZ, FL 34215

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, KAREN L P.O. BOX 1 CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>for 5/22</i>
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05/30/06--01045--007 **300.00

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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: *Karen Bell* 4-30-06 9417941243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #