

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000034380**

1. Entity Name  
**601, LLC**



Principal Place of Business

**PO BOX 849  
PENSACOLA, FL 32591 US**

Mailing Address

**PO BOX 849  
PENSACOLA, FL 32591 US**

**DO NOT WRITE IN THIS SPACE**



01132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**34-1995957**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, FRANK S  
45 S. 9TH AVE.  
PENSACOLA, FL 32502**

**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 \_\_\_\_\_

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HUGHES, FRANK S
STREET ADDRESS	PO BOX 849
CITY- ST- ZIP	PENSACOLA, FL 32591
TITLE	MGRM
NAME	HUGHES, JOAN C
STREET ADDRESS	PO BOX 849
CITY- ST- ZIP	PENSACOLA, FL 32591
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000524974  
05/04/06-80012-014 100.00

**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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**4-19-2006**

Date

Day/Even Phone #