

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90109 045 ****50.00

DOCUMENT # L04000037466

1. Entity Name

STOPS FASTTRACK, LLC



Principal Place of Business

8855 GRISSOM PARKWAY
TITUSVILLE FL 32780

Mailing Address

8855 GRISSOM PARKWAY
TITUSVILLE FL 32780



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1081525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARVIS, NELSON R
8855 GRISSOM PARKWAY
TITUSVILLE FL 32780

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

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

TITLE MGR ☐ Delete
NAME JARVIS, NELSON R
STREET ADDRESS 7228 WINDOVER WAY
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE MGR ☐ Delete
NAME WILLIAMS, JAMES R III
STREET ADDRESS 11102 WURDERMANN'S WAY
CITY-ST-ZIP ORLANDO FL 32825

TITLE MGR ☐ Delete
NAME COOK, ROBERT A
STREET ADDRESS 1600 SEASONS DRIVE
CITY-ST-ZIP CLYDE NC 28721

TITLE MGR ☐ Delete
NAME LINDSEY, DONNA J
STREET ADDRESS 1600 SEASONS DRIVE
CITY-ST-ZIP CLYDE NC 28721

TITLE MGR ☒ Delete
NAME GARY, ROBERT E JR
STREET ADDRESS 11324 CICERO DRIVE
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE MGR ☐ Delete
NAME NAGEL, CONRAD G
STREET ADDRESS 620 SUNSET LAKES DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME NAGEL, CONRAD G. JR.
STREET ADDRESS 6554 BAMBOO AVE
CITY-ST-ZIP COCOA FL 32927

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:

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

Date

Daytime Phone #

2/7/06

321-383-4111