

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038735

1. Entity Name
KILGORE & GREGORY, LLC



Principal Place of Business
**55 SPRING COURT
CRAWFORDVILLE, FL 32327**

Mailing Address
**55 SPRING COURT
CRAWFORDVILLE, FL 32327**



01122006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0723512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KILGORE, GEORGE J
55 SPRING COURT
CRAWFORDVILLE, FL 32327**

**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	KILGORE, GEORGE J
STREET ADDRESS	55 SPRING COURT
CITY- ST- ZIP	CRAWFORDVILLE, FL 32327
TITLE	MGRM
NAME	GREGORY, TOBY JOE
STREET ADDRESS	P.O. BOX 838
CITY- ST- ZIP	WOODVILLE, FL 32362
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000401329
02/02/06-80040-003 50.00

**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

1/26/06

Date

850 528 4490

Daytime Phone if