

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90024 020 ****50.00

DOCUMENT # L04000039519

1. Entity Name
S.E.T., LLC



Principal Place of Business
1700 SE 17TH STREET, SUITE 300
OCALA, FL 34471

Mailing Address
1700 SE 17TH STREET, SUITE 300
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE



02242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3795137

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY THAD III
1700 SOUTHEAST 17TH STREET
SUITE 300
OCALA, FL 34471

**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 reinstalling)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BOYD, ROY THAD III
STREET ADDRESS 1700 SOUTHEAST 17TH STREET SUITE 300
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

[Handwritten Signature] Roy Thad Boyd III 4-20-06 352-861-2248