


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000040673</b>		
1. Entity Name SIRRUB, LLC		
Principal Place of Business 1701-1709 SHEPHERD ROAD LAKELAND, FL 33811	Mailing Address 422 EUNICE DRIVE LAKELAND, FL 33803	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BURRIS, M. BRENT 422 EUNICE DRIVE LAKELAND, FL 33803		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURRIS, MALCOLM B MGR 422 EUNICE ROAD LAKELAND, FL 33803	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURRIS, VIRGINIA A 1701-1709 SHEPHERD ROAD LAKELAND, FL 33811	
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		
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: <i>Virginia A. Burris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<i>4/22/06</i> <small>Date</small> <i>863-688-3459</i> <small>Daytime Phone #</small>



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1138462

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1100000533649  
05/06/06-80132-009 50.00