2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042186

1. Entity Name
MICHAEL B. CUMMINGS, L.L.C.

Principal Place of Business	Mailing Address
122 ANGELES ROD DEBARY, FL 32713	122 ANGELES ROD DEBARY, FL 32713

02142008No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0388610
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUMMINGS, MICHAEL B
122 ANGELES ROD
DEBARY, FL 32713

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CUMMINGS, MICHAEL B
STREET ADDRESS	122 ANGELES ROD
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

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02/28/06-80058-003 55.00

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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: Michael B Cummings Michael B Cummings 2/15/06 386 668-8462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #