

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042650

1. Entity Name
ET ALPINE, LLC



Principal Place of Business
18329 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469 US

Mailing Address
18329 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469 US



07032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1213707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DANNY R
18329 SE FEDERAL HWY
TEQUESTA, FL 33469

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMAS, DANNY R
18329 SE FEDERAL HIGHWAY
JUPITER, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EDEIEN, THOMAS G
2115 BRUCE AVE
LOUISVILLE, KY 40218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHEEN, S. RANDOLPH III
513 MORINGSIDE DR.
LOUISVILLE, KY 40206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000568457
07/07/06-80009-014 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

Date

Daytime Phone #