

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90016 026 \*\*\*\*50.00

**DOCUMENT # L04000044153**

**1. Entity Name**

**LAW'S CUSTOM SERVICE, LIMITED LIABILITY CO.**

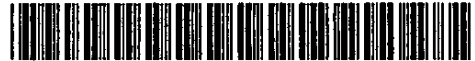


**Principal Place of Business**

**5983 98TH TERRACE  
LIVE OAK, FL 32060**

**Mailing Address**

**5983 98TH TERRACE  
LIVE OAK, FL 32060**



05042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**NOT APPLICABLE**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LAW, ROBERT WAYNE  
5983 98TH TERRACE  
LIVE OAK, FL 32060**

**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**

*Robert Wayne Law*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**5-8-06**

**Filing Fee is \$50.00  
Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** LAW, ROBERT WAYNE  
**STREET ADDRESS** 5983 98TH TERRACE  
**CITY-ST-ZIP** LIVE OAK, FL 32060

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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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:**

*Robert Wayne Law*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

**5-8-06 (386)963-3303**