

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000045817

1. Entity Name
GLENN D. NEAL LLC



Principal Place of Business

19400 NW 160TH AVE
WILLISTON, FL 32696

Mailing Address

19400 NW 160TH AVE
WILLISTON, FL 32696

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1725687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEAL, GLENN D
19400 NW 160TH AVE
WILLISTON, FL 32696

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NEAL, GLENN
STREET ADDRESS	19400 NW 160TH AVE
CITY- ST- ZIP	WILLISTON, FL 32696

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	

U00000559339
05/17/06-80133-008 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: G.D. Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-28-06

Date

352-528-2581

Daytime Phone #