

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90222 009 ****50.00

DOCUMENT # L04000046383

1. Entity Name

SIGNAL 3 LLC



Principal Place of Business

2021 N. 52ND AVENUE
HOLLYWOOD FL 33021

Mailing Address

2021 N. 52ND AVENUE
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAURIDIA-MOTT, BONNIE
2021 N. 52ND AVENUE
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LAURIDIA-MOTT, BONNIE
STREET ADDRESS 2021 N. 52ND AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGR ☒ Delete
NAME MOTT, JAMES R
STREET ADDRESS 2021 N. 52ND AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGR ☒ Delete
NAME ELLIS, MARK
STREET ADDRESS 1530 WOOD DALE TERRACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE MGR ☐ Delete
NAME HEFLEN, HERBERT
STREET ADDRESS 2071 W. JAMAICA DRIVE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Bonnie Lauridia-Mott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/06 954-684-4372
Date Daytime Phone #