

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90011 036 ****50.00

20045365



04072006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
37-1492381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLOSKA, STEFAN D
4055 ASHWOOD DRIVE
COCOA, FL 32926

**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	MGRM
NAME	KLOSKA, STEFAN
STREET ADDRESS	4055 ASHWOOD DRIVE, MGRM
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGRM
NAME	GREGAL, THOMAS
STREET ADDRESS	1715 LAKE DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	MGRM
NAME	PRILLHART, ALLEN R
STREET ADDRESS	1715 LAKE DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stefan Kloska STEFAN KLOSKA

Date

Daytime Phone #

5/1/06 321-431-3841