

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000049541

1. Entity Name
SANDKAT GEAR LLC



Principal Place of Business
2225 KUMPULA DRIVE
DELTONA, FL 32738 US

Mailing Address
2225 KUMPULA DRIVE
DELTONA, FL 32738 US



03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1492318

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SANDRA J
2225 KUMPULA DRIVE
DELTONA, FL 32738

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JACKSON, SANDRA J
2225 KUMPULA DRIVE
DELTONA, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOWARD, KATHY I
280 CLEARVIEW ROAD
CHULUOTA, FL 32766

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

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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

Date _____

Daytime Phone # _____

Sandra Jackson, Mng Member
Sandra J. Jackson

4/26/06 407-920-
0920