

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000050057**

1. Entity Name  
**BELLY WADDING, L.L.C.**



Principal Place of Business

**12445 U.S. 301  
DADE CITY, FL 33525**

Mailing Address

**12445 U.S. 301  
DADE CITY, FL 33525**

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1333205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DWYER, DANIEL E ESQ.  
14217 THIRD STREET  
DADE CITY, FL 33523-3828**

**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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ALTMAN, ALLEN  
12445 U.S. 301  
DADE CITY, FL 33525**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JOHNSON, DAN  
31448 REED ROAD  
DADE CITY, FL 33523**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SIMPSON, WILTON  
P.O. BOX 721  
TRILBY, FL 33593**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000460824  
03/20/06-80026-011 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:** \_\_\_\_\_

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

**3/7/06**

**352.567-5641**

Date

Company Phone #