

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State



DOCUMENT # L04000050340

1. Name
LLC

2. Place of Business
PARKINSONIA PLACE
PUNTA GORDA, FL 33955

Mailing Address
7378 PARKINSONIA PLACE
PUNTA GORDA, FL 33955



01092008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1337070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH-PETERS, DEBRA K
PARKINSONIA PLACE
PUNTA GORDA, FL 33955

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8. I, the above named entity, submit 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 MEREDITH-PETERS, DEBRA K MS.
STREET 7378 PARKINSONIA PLACE
CITY PUNTA GORDA, FL 33955

000000398079
01/30/06-80081-007 50.00

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IN THIS SPACE**

11. I 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 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

Debra K. Peters 1/19/06