

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000056214

1. Entity Name
PROPERTY RESEARCH & ABSTRACT, LLC



Principal Place of Business

12511 TYLER RUN AVE.
ODESSA, FL 33556

Mailing Address

12511 TYLER RUN AVE.
ODESSA, FL 33556

FILED
Apr 20, 2006 08:00 AM
Secretary of State



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1398392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, LAURIE A
12511 TYLER RUN AVE.
ODESSA, FL 33556

**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
PUCKETT, LAURIE A
12511 TYLER RUN AVE.
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PUCKETT, DWAIN
12511 TYLER RUN AVE.
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000520214
05/02/06-80083-014 50.00

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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:

Laurie A. Puckett LAURIE A. Puckett 4/18/06 (813) 920-9664

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

Date

Daytime Phone #