

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90078 029 ****55.00

DOCUMENT # L04000057750

1. Entity Name
ABSHER HOLDING, LLC



Principal Place of Business
**5871 SPANISH OAK LANE
NAPLES, FL 34119**

Mailing Address
**5871 SPANISH OAK LANE
NAPLES, FL 34119**

DO NOT WRITE IN THIS SPACE



08022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1460878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARC F. OATES, P.A.
5515 BRYSON DRIVE
SUITE 502
NAPLES, FL 34109**

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ABSHER, JAMES
5871 SPANISH OAK LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CATALDO-ABSHER, LISA
5871 SPANISH OAK LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ABSHER, JAMES J PRES
5871 SPANISH OAK LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ABSHER, LISA L
5871 SPANISH OAK LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

JAMES ABSHER

8-7-06

Date

9177097489

Daytime Phone #