

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90023 001 *****5.00

05-09-2006 90023 002 *****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000058359 1. Entity Name EDWARD C. SAMMONS LLC		
Principal Place of Business 7227 CLEOPATRA DRIVE LAND O' LAKES, FL 34637	Mailing Address 7227 CLEOPATRA DRIVE LAND O' LAKES, FL 34637	
DO NOT WRITE IN THIS SPACE		
04262006No Chg-LLC CR2E063 (11/05)		
4. FEI Number 40-1524089		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SAMMONS, EDWARD C 20517 HOMOSASSA COURT LAND O' LAKES, FL 34637 <i>Address change</i> 7227 Cleopatra Dr Land O Lakes, FL 34637 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 <u><i>Edward C Sammons LLC</i></u> DATE _____ (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMMONS, EDWARD C 7227 CLEOPATRA DRIVE LAND O LAKES, FL 34637	
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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: <u><i>Edward C Sammons LLC</i></u> <u>4/28/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		

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