

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

**Mar 13, 2006 8:00 am
Secretary of State**

02-22-2006 90111 035 ****50.00

DOCUMENT # L04000065212

1. Entity Name

MICHELE MATHEWS & ASSOC, LLC



Principal Place of Business

11113 VERSAILLES BLVD.
CLERMONT FL 34711

Mailing Address

11113 VERSAILLES BLVD.
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

14-1914466

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DECUBELLIS, MEEKS & UNCAPHER, P.A.
837 NORTH GARLAND AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 date if applicable)

(NOTE: Registered Agent signature required when this block is checked)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MATHEWS, P. M.
STREET ADDRESS 11113 VERSAILLES BOULEVARD
CITY-ST-ZIP CLERMONT FL 34711

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *R. Michele Mathews*

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

3/9/06 (407)766-4644

Date

Daytime Phone #



ATTACHMENT
30002280

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

MICHELE MATHEWS & ASSOC, LLC
11113 VERSAILLES BLVD.
CLERMONT, FL 34711

Subject: **MICHELE MATHEWS & ASSOC, LLC**

Reference Number:

L04000065212

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION