

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066641

1. Entity Name
PENMOR 409, LLC



Principal Place of Business
**1419 E CERVANTES ST.
PENSACOLA, FL 32501-3436 US**

Mailing Address
**1419 E CERVANTES ST.
PENSACOLA, FL 32501-3436 US**



04252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. Fil Number
05-0609047

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESSEL, JOHN R
1419 E CERVANTES ST.
PENSACOLA, FL 32501-3436**

**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 reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WESSEL, JOHN R
1419 E CERVANTES STREET
PENSACOLA, FL 325013436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WESSEL, RUTH J
1419 E CERVANTES STREET
PENSACOLA, FL 325013436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

U00000550549
05/13/06-80064-016 50.00

**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:

John R. Wessel MGRM John R. Wessel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/27/06 (850) 380-5886