2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 10:35

DOCUMENT # L04000069187

1. Entity Name

TUG AND ASSOCIATES LLC

Principal Place of Business	Mailing Address
6503 MUCK POND ROAD SEFFNER FL 33584-2438 US	6503 MUCK POND ROAD SEFFNER FL 33584-2438 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1641278 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BURNSIDE, KARA~~
~~13821 FLETCHER MILL DRIVE~~
~~TAMPA FL 33613~~

7. Name and Address of New Registered Agent

Name: Valerie Bullock
Street Address (P.O. Box Number is Not Acceptable): 2703 Pemberton Creek Drive
City: Seffner FL Zip Code 33584

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: Valerie Bullock
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	MCGRAW, KRISTIN SWOFFO	
STREET ADDRESS	6503 MUCK POND ROAD	
CITY-ST-ZIP	SEFFNER FL 33584-2438	
TITLE	MGRM	☐ Delete
NAME	MCGRAW, DAVID E	
STREET ADDRESS	6503 MUCK POND ROAD	
CITY-ST-ZIP	SEFFNER FL 33584-2438	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	U00000563749 05/20/06-80025-010 50.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kristin Swofford McGraw, MGRM 5-1-06 813 643-9748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #