

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90016 033 \*\*\*\*50.00

DOCUMENT # L04000070369

1. Entity Name

L.T.S. ENTERPRISES, L.L.C.



Principal Place of Business

1534 SUNKIST WAY  
FT. MYERS FL 33905

Mailing Address

1534 SUNKIST WAY  
FT. MYERS FL 33905



2. Principal Place of Business

HOME

Suite, Apt. #, etc.

3. Mailing Address

1543 SUNKISTWAY

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

FT. MYERS, FLA

City & State

FT. MYERS, FLA.

4. FEI Number

32-0128513

Applied For

Not Applicable

Zip

33905

Country

LEE

Zip

33905

Country

LEE

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, TOM S  
1534 SUNKIST WAY  
FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name

McConnell, Tom S.

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

1543 SUNKISTWAY

City

FT. MYERS

FL

Zip Code

33905

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

**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 MCCONNELL, TOM S  
STREET ADDRESS 1534 SUNKIST WAY  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE MGRM ☐ Delete  
NAME MCCONNELL, TOM S  
STREET ADDRESS 1543 SUNKISTWAY  
CITY-ST-ZIP FT. MYERS, FLA. 33905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #