


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90031 044 ****50.00

DOCUMENT # L04000071258	
1. Entity Name ZANE'S SURPLUS SALES, LLC	

Principal Place of Business 215 WOODLAKE WYNDE OLDSMAR, FL 34617	Mailing Address P.O BOX 273 OZONA, FL 34660
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2. Principal Place of Business 11702 US 19	3. Mailing Address
Suite, Apt. #, etc. Port Richey	Suite, Apt. #, etc.
City & State Florida	City & State
Zip 34668	Country US

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1706889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEOPOLD, ZANE 215 WOODLAKE WYNDE OLDSMAR, FL 34617	
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 *Zane Leopold* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEOPOLD, ZANE K 215 WOODLAKE WYNDE OLDSMAR, FL 34617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Zane Leopold* **4/11/06 727 868 3272**

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