

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072647

FILED
Apr 30, 2006
Secretary of State

Entity Name: OVER C, LLC

Current Principal Place of Business:

357 CARDIFF AVE.
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

357 CARDIFF AVE.
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 20-1735327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNER, MICHAEL
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

MERGENTHALER, JAMES J
357 CARDIFF AVE
DAVENPORT, FL 33897 US

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.

SIGNATURE: JAMES MERGENTHALER

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CREELMAN, JAMES L
Address: 10 KNOCKLAYDE PARK
City-St-Zip: COLERAINE COUNTY DERRY, IE BT51 3HW IE

Title: MGRM () Delete
Name: MERGENTHALER, JAMES
Address: 357 CARDIFF AVE.
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM () Delete
Name: MATEJICKA, NICOLE
Address: 357 CARDIFF AVE.
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES MERGENTHALER

MR

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date