

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90008 006 ****55.00

DOCUMENT # L04000080884

1. Entity Name
ERVIN E. WRIGHT, LLC



Principal Place of Business Mailing Address
~~1603 HUNTERS CREEK DRIVE~~ 4731 SHANNON PL
~~CANTONMENT, FL 32533~~ ~~CANTONMENT, FL 32533~~ SAME

PENSACOLA, FL 32504



08302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1848220

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ERVIN E 4731 SHANNON PL.
~~1603 HUNTERS CREEK DRIVE~~
~~CANTONMENT, FL 32533~~
PENSACOLA, FL 32504

**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 *Ervin E. Wright*
Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-31-06

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WRIGHT, ERVIN E 4731 SHANNON PL.
STREET ADDRESS ~~1603 HUNTERS CREEK DRIVE~~
CITY - ST - ZIP ~~CANTONMENT, FL 32533~~ PENSACOLA, FL 32504

TITLE
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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: *Ervin E. Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-31-06 850-564-5359

Date

Daytime Phone #