

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000081166**

1. Entity Name  
**ON THE SPOT MARKETING, LLC**



Principal Place of Business  
**12411 SILVERLAKE RD.  
FOUNTAIN, FL 32438**

Mailing Address  
**PO BOX 36026  
PANAMA CITY, FL 32412**



05222006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3133103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KERR, QUINCY T  
12411 SILVERLAKE RD.  
FOUNTAIN, FL 32438**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000566617

06/02/06-80006-017 50.00

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KERR, QUINCY T
STREET ADDRESS	12411 SILVERLAKE RD.
CITY-ST-ZIP	FOUNTAIN, FL 32438
TITLE	MGRM
NAME	KERR, CHRISTINE KAY
STREET ADDRESS	6603 OLOKEE ST.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

05/30/06 850-866-8775

Date

Daytime Phone #