

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000082681

1. Entity Name
THE SUWHIT COMPANY, LLC



Principal Place of Business
**958 S. HOUGLAND BOULEVARD
KISSIMMEE, FL 34741 US**

Mailing Address
**958 S. HOUGLAND BOULEVARD
KISSIMMEE, FL 34741 US**



03282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0200516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUHL, GARY W
122 S. DILLINGHAM AVENUE
KISSIMMEE, FL 34741**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000554567
05/15/06-80096-025 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITSTON, ALLEN
122 S. DILLINGHAM AVENUE
KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SUHL, GARY W
122 S. DILLINGHAM AVENUE
KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Gay W. Suhl*

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

Date *3/29/06*

Daytime Phone # _____