

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000086281

Entity Name
ISA LLC



Principal Place of Business
463 EDGEWATER DR
SUITE B
ORLANDO, FL 32804 US

Mailing Address
3463 EDGEWATER DR
SUITE B
ORLANDO, FL 32804 US

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FID Number
76-0773017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAROTHERS, CARL
3463 EDGEWATER DR
SUITE B
ORLANDO, FL 32804

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IN THIS SPACE**

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 etc. if applicable

NOTE: Registered Agent's signature required when reappointing

DATE

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

MANAGING MEMBERS/MANAGERS

NAME
MGRM
CAROTHERS, CARL
STREET ADDRESS
3463 EDGEWATER DR SUITE B
CITY- ST- ZIP
ORLANDO, FL 32804

NAME
MGRM
BENEDICT, BRUCE
STREET ADDRESS
3463 EDGEWATER DR SUITE B
CITY- ST- ZIP
ORLANDO, FL 32804

NAME
STREET ADDRESS
CITY- ST- ZIP

NAME
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NAME
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CITY- ST- ZIP

NAME
STREET ADDRESS
CITY- ST- ZIP

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01/30/06-80083-019 50.00

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I, 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 it 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

Date

Secretary of State

CARL CAROTHERS

1/18/06 407-420-1113