

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90146 032 ****50.00

DOCUMENT # L04000086982

1. Entity Name
VERTICALLY INCLINED LLC



Principal Place of Business
**440 SPRING FOREST DR.
NEW SMYRNA BEACH, FL 32168 US**

Mailing Address
**440 SPRING FOREST DR.
NEW SMYRNA BEACH, FL 32168 US**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
27-0113164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'CONNOR, DAWN MS
440 SPRING FOREST DR.
NEW SMYRNA BEACH, FL 32168**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
O'CONNOR, DAWN MS.
440 SPRING FOREST DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Dawn O'Connor* DAWN O'CONNOR 4/24/06 386-423-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #