

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

DOCUMENT # L04000087108

1. Entity Name
LARRY LARSON LLC



FILED

05 MAR 29 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
202 BAYLISS CT
PENSACOLA, FL 32526

Mailing Address
202 BAYLISS CT
PENSACOLA, FL 32526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252005 Chg-LLC CR2E083 (10/03)

4. FEI Number

74-335192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POYNER, REBECCA L
5906 MONTGOMERY AVE
PENSACOLA, FL 32526

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Rebecca L. Poyner
Signature, typed or printed name of registered agent and title if applicable.

Rebecca L. Poyner
(NOTE: Registered Agent signature required when reinstating)

3/25/2005
DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LARSON, LARRY
STREET ADDRESS 202 BAYLISS CT
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Larry W. Larson 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

855444426