

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90029 022 \*\*\*\*50.00

DOCUMENT # L04000087870

1. Entity Name  
LARRY BETTLEY, LLC



Principal Place of Business

Mailing Address

~~PO BOX 521~~ 121 122nd Ave E ~~PO BOX 521~~  
~~OZONA, FL 34660~~ Treasure Island, FL ~~OZONA, FL 34660~~  
33706

60037979



04072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

SHEILA J PRIEST, EA, LLC  
1000 OMAHA STREET  
PALM HARBOR, FL 34683

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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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BETTLEY, LARRY
STREET ADDRESS	<del>260 BANANA STREET</del> 121 122nd Ave E
CITY-ST-ZIP	<del>PALM HARBOR, FL 34683</del> Treasure Island FL 33706
TITLE	MGR
NAME	BETTLEY, LYNNE M
STREET ADDRESS	<del>260 BANANA STREET</del> 121 122nd Ave E
CITY-ST-ZIP	<del>PALM HARBOR, FL 34683</del> Treasure Island FL 33706
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: Larry S Bettley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/07 727-422-3730  
Date Daytime Phone #