

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089813

1. Entity Name
LARQ ENTERPRISES, LLC



Principal Place of Business
**4010 CANYON LAKE POINT
LAKELAND, FL 33813**

Mailing Address
**4010 CANYON LAKE POINT
LAKELAND, FL 33813**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2032212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUINN, JAMES P
4010 CANYON LAKE POINT
LAKELAND, FL 33813**

**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 re-registering)

DATE _____

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

000000505802
04/26/06-80130-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIBERTORE, LARRY JR.
STREET ADDRESS	4010 CANYON LAKE POINT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	QUINN, JAMES P
STREET ADDRESS	4010 CANYON LAKE POINT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

James P. Quinn
JAMES P. QUINN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-06
Date

(863) 686-6900
Daytime Phone #