

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000090019

1. Entity Name  
LANGMART ENTERPRISES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 21 AM 8:36

Principal Place of Business  
3224 FOX LAKE DR.  
TAMPA, FL 33618 US

Mailing Address  
3224 FOX LAKE DR.  
TAMPA, FL 33618 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
43-2071281

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANGMAACK, ROBERT F  
3224 FOX LAKE DR.  
TAMPA, FL 33618

7. Name and Address of New Registered Agent

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

*Robert Langmaack*

(NOTE: Registered Agent signature required when reinstating)

6-15-06

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME LANGMAACK, ROBERT F  
STREET ADDRESS 3224 FOX LAKE DR  
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGRM ☐ Change ☒ Addition  
NAME mariana Langmaack  
STREET ADDRESS 3224 Fox Lake dr  
CITY-ST-ZIP Tampa, FL 33618

TITLE MGRM ☒ Delete  
NAME MARTINEZ, VINCENT E III  
STREET ADDRESS 6507 LOS ALTOS WAY  
CITY-ST-ZIP TAMPA, FL 33634

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800076751528  
STREET ADDRESS 06/30/06--01010--002 \*\*\$5.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Robert Langmaack*

6-15-06 8135086036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #