2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

07-17-2006 90043 005 ****50.00

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1. Entity Name
CURBSIDE LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 674 WINDERMERE, FL 34786	P.O. BOX 674 WINDERMERE, FL 34786

07112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
505 MAIN ST.			
Suite, Apt. #, etc. WINDERMERE		Suite, Apt. #, etc.	
City & State FL		City & State	
Zip 34786	Country USA	Zip	Country

4. FEI Number 77-0653973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAAG, EMMETT T
4000 AVALON ROAD
WINTER GARDEN, FL 34787

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 ______
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 September 8, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAG, EMMETT T P.O. BOX 674 WINDERMERE, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONKLIN, DENNIS M 228 MAGNOLIA WINDERMERE, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 7-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #