

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000091218**

1. Entity Name  
**FIRST CLASS LLC**



Principal Place of Business  
**675 S THOMPSON AVE  
LECANTO, FL 34461-8663**

Mailing Address  
**675 S THOMPSON AVE  
LECANTO, FL 34461-8663**



03292006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0414231**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

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

**DONNELLY, SUSAN E MGRM  
9872 E TRYON CT  
INVERNESS, FL 34450**

**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 resigning)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONNELLY, SUSAN E  
675 S THOMPSON AVE  
LECANTO, FL 344618663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONNELLY, RICHARD  
675 S THOMPSON AVE  
LECANTO, FL 344618663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONNELLY, RICHARD JR  
675 S THOMPSON AVE  
LECANTO, FL 344618663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONNELLY, PETER  
675 S THOMPSON AVE  
LECANTO, FL 344618663**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000489960  
04/18/06-80036-013 55.00

**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: *Susan Donnelly*

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

3-29-06

Date

352 527 4430

Daytime Phone #