

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000094409**

1. Entity Name  
**E-SAP ENTERPRISES, L.L.C.**



Principal Place of Business

**444 RIDGELAKE ROAD  
CRESTVIEW, FL 32536**

Mailing Address

**444 RIDGELAKE ROAD  
CRESTVIEW, FL 32536**

**DO NOT WRITE IN THIS SPACE**



03132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**22-3905366**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAPP, MICHAEL K  
444 RIDGELAKE ROAD  
CRESTVIEW, FL 32536**

**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 reinstating)

DATE

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

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SAPP, MICHAEL K
STREET ADDRESS	444 RIDGELAKE ROAD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	ST
NAME	EVANS, MAURICE
STREET ADDRESS	1701 CARTIER PLACE
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000517766  
05/01/06-80060-001 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:**

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

Date

Daytime Phone #

**4-10-06 850-376-5454**