

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90109 034 ****50.00

DOCUMENT # L05000001570

1. Entity Name

RESIZE & REFURB, LLC



Principal Place of Business

5420 W. LAUREL ST.
TAMPA FL 33607
US

Mailing Address

5420 W. LAUREL ST.
TAMPA FL 33607
US

2. Principal Place of Business

9420 LAZY LN.

Suite, Apt. #, etc.

Suite C7

City & State

TAMPA FL

Zip

33614

Country

US

3. Mailing Address

9420 LAZY LN.

Suite, Apt. #, etc.

Suite C7

City & State

TAMPA FL

Zip

33614

Country

US

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-2110516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATHBUN, KENNETH A
3812 DOGTROT ST.
NEW PORT RICHEY FL 34655

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RATHBUN, KENNETH A
STREET ADDRESS 3812 DOGTROT ST.
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-10-06-727-214-7524