

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90127 028 ***450.00

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04032006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000003766

1. Entity Name
LYNLLOYD PROPERTIES, LLC



Principal Place of Business
148 CARSON LANE
PANAMA CITY BEACH, FL 32413

Mailing Address
POST OFFICE BOX 611428
ROSEMARY BEACH, FL 32413

2. Principal Place of Business
587 EAST SHIPWRECK RD PO Box 611428
Suite, Apt. #, etc.

3. Mailing Address
ROSEMARY BEACH FL 32413
Suite, Apt. #, etc.

City & State
SANTA ROSA Fla

City & State
ROSEMARY BEACH Fla

Zip
32459

Country
WALTON

Zip
32413

Country
WALTON

4. FEI Number
20-2412407

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ISLER, CHARLES S III
434 MAGNOLIA AVENUE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent
Name
Charles Isler S III
Street Address (P.O. Box Number is Not Acceptable)
434 MAGNOLIA AVE
PANAMA CITY Fla
City
FL Zip Code
32401

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HYDEN, RONALD L POST OFFICE BOX 611428 ROSEMARY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NONE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HYDEN, DIANA D POST OFFICE BOX 611428 ROSEMARY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ronald L Hyden (RONALD L HYDEN) 05/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1-850-267-2008