


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90037 037 ****50.00

DOCUMENT # L05000004948

1. Entity Name
CAROL LAZZANO, LLC



Principal Place of Business Mailing Address

819B NORTH A1A **188 ERIC DRIVE**
FLAGLER BEACH, FL 32136 US **PALM COAST, FL 32164 US**

40000010



2. Principal Place of Business 3. Mailing Address

819 B. N. Oceanshore Blvd **188 ERIC DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04122006 Chg-LLC CR2E083 (11/05)

City & State City & State

FLAGLER Bch, FL. **Palm Coast, FL.**

Zip Country Zip Country

32136 **USA** **32164** **USA**

4. FEI Number Applied For

83-0425936 Not Applicable

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

6. Name and Address of Current Registered Agent

LAZZANO, CAROL
188 ERIC DRIVE
PALM COAST, FL 32164

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAZZANO, CAROL	
STREET ADDRESS	188 ERIC DRIVE	
CITY - ST - ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Carol Lazzano* **CAROL LAZZANO** **4/14/06** **386-439-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #