2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000008268

KEVIN DUBE PROPERTY MAINTENANCE LLC



FILED

Feb 20, 2006 8:00 am

Secretary of State 02-20-2006 90140 015 ****55.00

Mailing Address Principal Place of Business 9063 ROYAL PALM AVENUE 9063 ROYAL PALM AVENUE NEW PORT RICHEY, FL 34654 **NEW PORT RICHEY, FL 34654** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 021.54.6888 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired ਦਾ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMSBURG, DONALD P Street Address (P.O. Box Number is Not Acceptable) 5840 54TH AVENUE N SUITE A KENNETH CITY, FL. 33709 City 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Treasurer/Mana. ☐ Change Addition TITLE ☐ Delete NAME DUBE, KEVIN NAME Laurence Tester STREET ADDRESS STREET ADDRESS 9063 ROYAL PALM AVENUE ZOM COKMON DQ. CITY-ST-ZIP CITY-ST-7/P NEW PORT RICHEY, FL 34654 FI Sectory/mana. Addition ☐ Delete TITLE TITLE ☐ Channe John Nettiles NAME NAME STREET ADDRESS STREET ADDRESS 309 Bath St. CITY-ST-ZIP CITY-ST-ZIP **54689** Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

1hm Kons