## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011776



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

1. Entity Name ARDUIN, LAFFER & MOORE ECONOMETRICS, LLC						04-17-2	:006 900:	52 041 ***	*50.00	
Principal Place of Business 205 SOUTH ADAMS STREET TALLAHASSEE, FL 32301		Mailing Address 205 SOUTH ADAMS STREET TALLAHASSEE, FL 32301								
2. Principal Place of Business		3. Mailing Address PO Box /0/3/								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162006	Chg-LL0	c c	R2E083 (11/	05)	
City & State		City & State			4. FEI Numbe	Number 20 -2350843 Applied For Not Applicate				
Zip	Country	Zip 32302	Country		5. Certificate		-	\$5.00	Additiona	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of	New Regist	tered Agent		
ARDUIN ASSOCIATES, INC.				Name						
205 SOUT	H ADAMS STREET SSEE, FL 32301	Street Address			(P.O. Box Number is Not Acceptable)					
<u> </u> 			City					FL Zip	Code	
8. The above	named entity submits this statement for	the purpose of changing its re		r register	ed agent, or both	n, in the Stat	e of Florida.	FL _		accept
the obligati	ons of registered agent.				-					·
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: f	Registered Agent signer	ture required	when reinstating)			DATE		
	ling Fee is \$50.00 se by May 1, 2006							eck payable partment of S		
9.	MANAGING MEMBER		10.			ADDI	TIONS/CHA	NGES		
TITLE NAME		☐ Delete	TITLE NAME	DON	NA ARDUIN	J		☐ Chai	nge 💢	Addition
STREET ADORESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	205 774	VA ARDVII S ADAM AHASSEE	is Fl á	32301			
TITLE		Delete	NTLE	-	–			☐ Cha	nge 🔲	Addition
NAME Street address			NAME STREET ADDRESS							
CITY-ST-ZIP			CHY-ST-ZIP							
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NAME Street address			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP			***		<del></del>		
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TITLE NAME		Oelete	TITLE NAME					Cha	nge 🗀	Addition
NAME STREET ADDRESS			STREET ADORESS							
CITY-ST-ZIP			CITY-ST-ZIP					***************************************		
TITLE		☐ Delete	TITLE					Cha	nge 🔲	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>						_
11. I hereby of indicated fimited lial	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trastee	this filing does not qualify for that ny signature shall have the employeered to execute this re	he exemptions co e same legal effe port as required	ontained ect as if m by Chapt	in Chapter 119, f nade under oath; ter 608, Florida 9	lorida Statu that I am a statutes.	managing r	certify that the nember or main	nager of th	he .

Date

Daytime Phone #

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