

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90050 043 \*\*\*\*50.00

**DOCUMENT # L05000011944**

1. Entity Name

GARY CORR, LLC



Principal Place of Business  
3810 ARBITUS DRIVE  
PENSACOLA FL 32504

Mailing Address  
3810 ARBITUS DRIVE  
PENSACOLA FL 32504



2. Principal Place of Business

9601 N.

3. Mailing Address

3810 Arbutus Dr

Suite, Apt. #, etc.

Palmer 1-B

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

262-37-3587

Applied For

Not Applicable

Zip

32534

Country

U.S.

Zip

32504

Country

U.S.

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORR, GARY  
3810 ARBITUS DRIVE  
PENSACOLA FL 32504

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME CORR, GARY  
STREET ADDRESS 3810 ARBITUS DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

8-17-06 8505011373