

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90041 034 ****55.00

DOCUMENT # L05000016109 1. Entity Name ALFANO & ASSOCIATES, LLC					
Principal Place of Business 3830 WILLIAMSBURG PARK BLVD, STE D JACKSONVILLE, FL 32257			Mailing Address 3830 WILLIAMSBURG PARK BLVD, STE D JACKSONVILLE, FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON, TODD 7785 BAYMEADOWS WAY, STE 107 JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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	MGR		TITLE		
NAME	ALFANO, JAYME G <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	3830 WILLIAMSBURG PARK BLVD, STE D		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE		
NAME	NICHOLS, JOEL R		NAME		
STREET ADDRESS	3830 WILLIAMSBURG PARK BLVD, STE D		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 606, Florida Statutes					
SIGNATURE: _____			4-12-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		