2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State
04-12-2006 90022 047 ****50.00

DOCUMENT # L05000020743

1. Entity Name
1349 NORTH MAIN STREET, LLC

Principal Place of Business	Mailing Address
5220 NW 5TH STREET BELL, FL 32619	5220 NW 5TH STREET BELL, FL 32619

30010394

02102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		PO Box 267	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Bell	
Zip	Country	Zip: FL 32619	Country: USA

4. FEI Number: 20-422456 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AKINS, SCOTT A
5220 NW 5TH STREET
BELL, FL 32619

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

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 NAME STREET ADDRESS CITY-ST-ZIP	Mg. Mem. Scott A. Akins 5220 NW 5th St. Bell FL 32619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Kim Akins (Kim Akins) 4-7-06 352-463-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #