

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-17-2006 90032 047 ****50.00

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DOCUMENT # L05000023685					
1. Entity Name DEFUNIAK EQUITIES, LLC					
Principal Place of Business 4201 VINELAND RD., STE I-14 ORLANDO, FL 32811			Mailing Address 4201 VINELAND RD., STE I-14 ORLANDO, FL 32811		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2511931	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FALCONER, MATTHEW 4201 VINELAND RD., STE I-14 ORLANDO, FL 32811			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 (NOTE: Registered Agent signature required when reappointing)					
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	MGRM FALCONER, MATTHEW 4403 VINELAND RD SUITE B-15 ORLANDO, FL 32811	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONER, MATTHEW 4201 VINELAND RD, STE I-14 ORLANDO, FL 32811	☒ 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