

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90070 035 ****50.00

DOCUMENT # L05000027782

1. Entity Name

MOSQUITO LAGOON FISH CAMP LLC



Principal Place of Business

4518 SAXON DR.
NEW SMYRNA FL 32169

Mailing Address

4518 SAXON DR.
NEW SMYRNA FL 32169

2. Principal Place of Business

311 RIVER ROAD

Suite, Apt. #, etc.

3. Mailing Address

4518 SAXON DRIVE

Suite, Apt. #, etc.

NEW

City & State

OAK HILL, FL

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

20 - 3071669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

N/A

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 May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME CLANCY, ROBERT B
STREET ADDRESS 4518 SAXON DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE MGR ☐ Delete
NAME CLANCY, KATHRYN
STREET ADDRESS 4518 SAXON DR.
CITY-ST-ZIP NEW SMYRNA FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

KClancy

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

Date

Daytime Phone #