

2006 LIMITED LIABILITY ANNUAL REPORT

ANY

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90298 037 ****50.00

DOCUMENT # L05000033038

1. Entity Name

LF, LLC



Principal Place of Business

8169 US HIGHWAY 301
PARRISH FL 34219

Mailing Address

8169 US HIGHWAY 301
PARRISH FL 34219

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

20-2629437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, JOHN A
1020 10TH AVE W
PALMETTO FL 34221

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 person or agent and title of office.

NOTE: Registered Agent signature required when reporting.

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	MCKIBBEN, JEFF J	
STREET ADDRESS	105 S. 6TH AVENUE, UNIT 1	
CITY- ST- ZIP	WAUCHULA FL 33873	
TITLE	MLA MGR	☐ Delete
NAME	JOHN A STEPHENS	
STREET ADDRESS	1020 10TH AVE W	
CITY- ST- ZIP	PALMETTO, FL 34221	
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		
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STREET ADDRESS		
CITY- ST- ZIP		
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: *John A Stephens*

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

3/15/06

Date

941-
722-4541

Daytime Phone