

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 SEP -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000033450

1. Entity Name
MELINDA REHBERG LLC



Principal Place of Business
3406 PROCK DR.
TALLAHASSEE, FL 32311

Mailing Address
3406 PROCK DR.
TALLAHASSEE, FL 32311

BK



2. Principal Place of Business

3406 Prock Dr

3. Mailing Address

3406 Prock Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012006 Chg-LLC CR2E083 (11/05)

City & State

Tallahassee

City & State

Tallahassee

4. FEI Number

59-226978

Applied For

Not Applicable

Zip
32311

Country
USA

Zip
32311

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REHBERG, MELINDA K
3406 PROCK DR.
TALLAHASSEE, FL 32311

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

Melinda K Rehberg

9-1-06

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REHBERG, MELINDA K
3406 PROCK DR.
TALLAHASSEE, FL 32311 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700079728087
09/12/06--01060--007 **50.00

TITLE
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STREET ADDRESS
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☐ Delete

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☐ 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:

Melinda K Rehberg

9-1-06

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

Date

Daytime Phone #