

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033987

1. Entity Name
ALL BRITE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 JUN 26 PM 1:56

Principal Place of Business
5795 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

Mailing Address
5795 CYPRESS CIRCLE
TALLAHASSEE, FL 32303



2. Principal Place of Business

2844 TETON TRAIL

3. Mailing Address

2844 TETON TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06262006 Chg-LLC CR2E083 (11/05)

City & State

TALL FL

City & State

TALL FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip 32303

Country USA

Zip 32303

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, LESLIE
5795 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

Name EL JAY JEFFERSON

Street Address (P.O. Box Number is Not Acceptable)

2844 TETON TRAIL

City TALL

FL

Zip Code 32303

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

6-26-06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME BROCK, LESLIE
STREET ADDRESS 5795 CYPRESS CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE EL JAY JEFFERSON ☒ Change ☐ Addition
NAME EL JAY JEFFERSON
STREET ADDRESS 2844 TETON TRAIL
CITY-ST-ZIP TALLAHASSEE-FLA 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500075849935
CITY-ST-ZIP 06/27/06--01059--013 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 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:

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

Date

Daytime Phone #

6-26-06