

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90241 024 ****50.00

DOCUMENT # L05000035545

1. Entity Name
PITTSTOP ENTERPRISES, LLC



Principal Place of Business
**400 COREY AVE, 2ND FLOOR
ST PETE BEACH, FL 33706**

Mailing Address
**400 COREY AVE, 2ND FLOOR
ST PETE BEACH, FL 33706**

20010127

2. Principal Place of Business
7265 Sunshine Grove Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01172006 Chg-LLC CR2E083 (11/05)

City & State
Brooksville, FL

City & State

4. FEI Number
20-1510302

Applied For
☐ Not Applicable

Zip
34613

Country

Zip

Country

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

**MCNAMARA, TERRANCE P ESQ
400 COREY AVE, 2ND FLOOR
ST PETE BEACH, FL 33706**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
PITTS, GRAHAM
400 COREY AVE, 2ND FLOOR
ST PETE BEACH, FL 33706** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Pitts, Graham
7265 Sunshine Grove Rd.
Brooksville, FL 34613** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PITTS, SUSAN
400 COREY AVE, 2ND FLOOR
ST PETE BEACH, FL 33706** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Pitts, Susan
7265 Sunshine Grove Rd.
Brooksville, FL 34613** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

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

Graham Pitts, Manager

2/20/06 352 232 6469

Date

Daytime Phone #