

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-29-2006 90021 040 ****50.00

DOCUMENT # L05000036359 1. Entity Name BARCLAY GROUP, LLC					
Principal Place of Business 507 ARVERN COURT ALTAMONTE SPRINGS FL 32701			Mailing Address 507 ARVERN COURT ALTAMONTE SPRINGS FL 32701		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 940901 Suite, Apt. #, etc.			
City & State Altamonte Springs FL		City & State Maitland Florida		4. FEI Number 20-2679174	
Zip 32794-0901		Country Orange		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMMEL, ROBERT D 507 ARVERN COURT ALTAMONTE SPRINGS FL 32701			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMMEL, MELISSA 507 ARVERN COURT ALTAMONTE SPRINGS FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOVER, PATRICIA 503 ARVERN COURT ALTAMONTE SPRINGS FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTLE, DIANE 401 BARCLAY AVENUE ALTAMONTE SPRINGS FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, MARIAN 509 ARVERN COURT ALTAMONTE SPRINGS FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTLE, DIANE 401 BARCLAY AVENUE ALTAMONTE SPRINGS FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMMEL, MELISSA 507 ARVERN COURT ALTAMONTE SPRINGS FL 32701	☐ Delete			
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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: <u>Melissa Hummel</u> <u>Melissa Hummel</u> <u>03/20/06</u> <u>407 260-2382</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #					