

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-06-2006 90175 033 ***150.00

DOCUMENT # L05000037102 1. Entity Name STARTER KIT LLC			
Principal Place of Business 30 SOUTH SHORE DRIVE DESTIN, FL 32550		Mailing Address 981 HIGHWAY 98 EAST, SUITE 3 DESTIN, FL 32541-2525	
2. Principal Place of Business <i>#288</i>		3. Mailing Address <i>#288</i>	
4. City, State, and Zip <i>Destin, Florida 32541</i>		5. City, State, and Zip <i>Destin, Florida 32541</i>	
6. Name and Address of Current Registered Agent ROEBUCK, JULIAN W 467 CAPTAINS CIRCLE DESTIN, FL 32541		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 ROEBUCK, JULIAN W 467 CAPTAINS CIRCLE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date <i>11/20/06</i> Daytime Phone <i>850-299-1313</i>	

30001319



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **01-0833323** Applied For ☐ Not Applicable ☒

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



ATTACHMENT
38801319

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

STARTER KIT LLC
981 HIGHWAY 98 EAST, SUITE 3
DESTIN, FL 32541-2525

Subject: STARTER KIT LLC

Reference Number:

L05000037102

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION