2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State
03-21-2006 90295 048 ****50.00

DOCUMENT # L05000037603

1. Entity Name

CONNIE M. ROBERTSON, LLC

Principal Place of Business	Mailing Address
1225 PROSPECT PROMENADE PANAMA CITY BEACH FL 32413	~~8117~~ COUNTRY MILL COVE CORDOVA TN 38016

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
		8130 COUNTRY MILL COVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CORDOVA TN	
Zip	Country	Zip: 38016	Country: USA

4. FEI Number: 42-1670125 ☐ Applied For ☐ Not Applicable

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
ROBERTSTON, CONNIE M 1225 PROSPECT PROMENADE PANAMA CITY BEACH FL 32413	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

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	MGR ROBERTSON, CONNIE M 1225 PROSPECT PROMENADE PANAMA CITY BEACH FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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 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: Connie M. Robertson 3/1/06 9015502249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #