

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-27-2006 90429 017 ****55.00

DOCUMENT # L05000041476

1. Entity Name

BEEMAN STUMP REMOVAL LLC



Principal Place of Business

405 THOMAS AVENUE
COCOA FL 32922

Mailing Address

405 THOMAS AVENUE
COCOA FL 32922

2. Principal Place of Business

405 THOMAS AVE
Suite, Apt. #, etc.

3. Mailing Address

405 THOMAS AVE
Suite, Apt. #, etc.

City & State

COCOA

City & State

COCOA FL

4. FEI Number

68-0605939

Applied For

Not Applicable

Zip

32922

Country

USA

Zip

32922

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEEMAN, FRANK
405 THOMAS AVENUE
COCOA FL 32922

7. Name and Address of New Registered Agent

Name FRANK BEEMAN

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

City COCOA

FL

Zip Code 32922

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 is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BEEMAN, FRANK
STREET ADDRESS 405 THOMAS AVENUE
CITY-ST-ZIP COCOA FL 32922

TITLE MGRM ☐ Delete
NAME BEEMAN, PATTY
STREET ADDRESS 405 THOMAS AVENUE
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Frank Beeman

2-13-06 321-639-3234

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

Date

Daytime Phone #