

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90044 045 ****50.00

DOCUMENT # L05000042879*	
1. Entity Name REGINALD D. CHRISTNER, LLC	

Principal Place of Business 618 S. OSPREY AVE SARASOTA FL 34236	Mailing Address 618 S. OSPREY AVE SARASOTA FL 34236
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2. Principal Place of Business 1637 DEVONSHIRE LANE Suite, Apt. #, etc.	3. Mailing Address 1637 DEVONSHIRE LANE Suite, Apt. #, etc.
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2nd MOORE CR2E083 (4/06)

City & State SARASOTA FL	City & State SARASOTA FL	4. FEI Number 265-57-0363	Applied For Not Applicable
Zip 34236	Country SARASOTA	Zip 34236	Country SARASOTA

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHRISTNER, REGINALD D 618 S. OSPREY AVE SARASOTA FL 34236	
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7. Name and Address of New Registered Agent Name CHRISTNER, REGINALD D Street Address (P.O. Box Number is Not Acceptable) 1637 DEVONSHIRE LANE City SARASOTA FL Zip Code 34236	
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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 Reginald D. Christner
Signature, typed or printed name of registered agent and title if applicable.

8-23-06
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHRISTNER, REGINALD D 618 S. OSPREY AVE SARASOTA FL 34236 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHRISTNER, REGINALD D 1637 DEVONSHIRE LANE SARASOTA FL 34236 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: Reginald D. Christner 8-23-06 941-993-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #