

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90043 023 ****50.00

DOCUMENT # L05000049190

1. Entity Name

EMPIRICAL GROUP, II, LLC



Principal Place of Business

573 SUNSET POINTE DRIVE
LAKE PLACID FL 33852
US

Mailing Address

573 SUNSET POINTE DRIVE
LAKE PLACID FL 33852
US



2. Principal Place of Business

363 CATFISH CREEK ROAD

Suite, Apt. #, etc.

3. Mailing Address

363 CATFISH CREEK ROAD

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

4. FEI Number

20209083

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33852

Country

USA

5. Certificate of Status Desired

☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

HONKALA, SCOTT
573 SUNSET POINTE DRIVE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name
SCOTT HONKALA

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

363 CATFISH CREEK ROAD

City

LAKE PLACID

FL

Zip Code

33852

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

TITLE MGRM ☐ Delete
NAME HONKALA, SCOTT
STREET ADDRESS 573 SUNSET POINTE DRIVE
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME SCOTT HONKALA
STREET ADDRESS 363 CATFISH CREEK ROAD
CITY-ST-ZIP LAKE PLACID, FL 33852

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

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

Date

Daytime Phone #