

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90109 047 ****55.00

DOCUMENT # L05000055042 1. Entity Name PANHANDLE RENTAL & REPAIR LLC					
Principal Place of Business 12429 TWO TRAIL ROAD FOUNTAIN, FL 32438-1925			Mailing Address 12429 TWO TRAIL ROAD FOUNTAIN, FL 32438-1925		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05302006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 16-1732809				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCWATERS, MARK T 12429 TWO TRAIL ROAD FOUNTAIN, FL 32438-1925			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCWATERS, MARK T 12429 TWO TRAIL ROAD FOUNTAIN, FL 324381925	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sansom, Sandra E 12413 Two Trail Rd Fountain, FL 324381925
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCWATERS, BRANDY E 12429 TWO TRAIL ROAD FOUNTAIN, FL 324381925	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANSOM, JAMES L 12413 TWO TRAIL ROAD FOUNTAIN, FL 324381925	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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 608, Florida Statutes.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	