

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90084 039 \*\*\*\*\*50.00

**DOCUMENT # L05000055313**

1. Entity Name  
**MAIL BUSINESS CENTER LLC**



Principal Place of Business  
**1308 10TH ST  
ST CLOUD, FL 34769-3344 US**

Mailing Address  
**1308 10TH ST  
ST CLOUD, FL 34769-3344 US**



2. Principal Place of Business  
**1308 10th St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1308 10th St.**  
Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State  
**St Cloud FL**  
Zip  
**34769** Country  
**US**

City & State  
**St Cloud Florida**  
Zip  
**34769** Country  
**US**

4. FEI Number  
**20-2942387** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OAKLEY, CARLA  
2914 ELBIB DR  
ST CLOUD, FL 34772**

**7. Name and Address of New Registered Agent**

Name  
**Carla Oakley**  
Street Address (P.O. Box Number is Not Acceptable)  
**2914 Elbib Dr.**  
City  
**St Cloud** FL Zip Code  
**34772**

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 **Carla Oakley** DATE **1/27/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DAVIS, ANGEL  
5105 JACK BRACK RD  
ST CLOUD, FL 34771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OAKLEY, CARLA  
2914 ELBIB DR  
ST CLOUD, FL 34772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

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

TITLE  
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STREET ADDRESS  
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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: **Carla Oakley** DATE **1/27/06** DAYTIME PHONE # **407-292-5751**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE