

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-10-2006 90131 013 ****50.00

DOCUMENT # L05000055646 1. Entity Name HONEY -"MAC DO"- HOME REPAIR "LLC"																										
Principal Place of Business 3642 FOXCROFT CIR. OVIEDO FL 32765				Mailing Address 3642 FOXCROFT CIR. OVIEDO FL 32765																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/05)																						
City & State		City & State																								
Zip	Country	Zip	Country																							
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">516-2532596</div>		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">516-2532596</div>																						
6. Name and Address of Current Registered Agent MCKENZIE, DENNIS L 3642 FOXCROFT CIR. OVIEDO FL 32765						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																				
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, typed or printed name of registered agent (and title if applicable) _____ DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>																				
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>						9. MANAGING MEMBERS / MANAGERS																				
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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:				4 March 06 407 346-5061																						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>																						