

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000056360

1. Entity Name
URGO ENTERPRISES, LLC



FILED
SEC. OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 10:43

Principal Place of Business
1639 W. MEMORIAL BLVD.
LAKELAND, FL 33815 FL

Mailing Address
1639 W. MEMORIAL BLVD.
LAKELAND, FL 33815

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3865913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
URGO, NICK J
1639 W. MEMORIAL BLVD.
LAKELAND, FL 33815

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	URGO, NICK J	1639 W. MEMORIAL BLVD.	LAKELAND, FL 33815	<input type="checkbox"/>
MGRM	URGO, TRACEY A	1639 W. MEMORIAL BLVD.	LAKELAND, FL 33815	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
MGRM	Gary A. Thompson	1415 Spruce Rd. So.	Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGRM	Ronald G. Thompson	6429 Tula Lane	Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>

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: [Signature] 2-17-06 (863) 688-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #