

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061416

Entity Name: CHRIS SIMMONS L.L.C.

FILED  
May 05, 2006  
Secretary of State

**Current Principal Place of Business:**

1603 MAIN ST  
VALRICO, FL 33594

**New Principal Place of Business:**

4453 LOTT AVE  
PLANT CITY, FL 33567

**Current Mailing Address:**

1603 MAIN ST  
VALRICO, FL 33594

**New Mailing Address:**

4453LOTT AVE  
PLANT CITY, FL 33567

FEI Number: 30-0323983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SIMMONS, CHRIS  
1603 MAIN ST  
VALRICO, FL 33594      US

**Name and Address of New Registered Agent:**

SIMMONS, CHRIS  
4453 LOTT AVE  
PLANT CITY, FL 33567      US

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.

SIGNATURE: \_\_\_\_\_

05/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SIMMONS, CHRIS  
Address: 1603 MAIN ST  
City-St-Zip: VALRICO, FL 33594

Title: MGRM      (X) Delete  
Name: MURPHEY, CONOR  
Address: 1503 BOOTH DR  
City-St-Zip: VALRICO, FL 33594

Title: MGRM      (X) Delete  
Name: HYERS, ANTHONY  
Address: 815 S. KINGS AVE.  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS SIMMONS

MGRM

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date