## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90022 021 \*\*\*\*50.00

DOCUMENT # L05000063561  1. Entity Name ADVERTISING SIGNS THAT WORK LLC					03-15-2006 90022 021 ****50.00					
Principal Place of Business 2113 WILDWOOD LANE AUBURNDALE, FL 33823 US			Mailing Address 2113 WILDWOOD LANE AUBURNDALE, FL 33823 US		20016156					
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2. Principal F		ness	3. Mailing Address			]			HER BILLS ALIRI I	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02212006	Chg-LLC	CR2E	083 (11/05)	1	
City & State			City & State		4. FEI Number	20- 3058	792	.	pplied For of Applicable	
Zip	Zip Country		Zip Country			of Status Desired		\$5.00 Ad	lditional	
	6. Name	e and Address of Current R	Registered Agent	1	<u> </u>	7. Name and	Address of New Re	gistered .		
DAKED IA					Name					
BAKER, WILLIE J 2113 WILDWOOD LANE AUBURNDALE, FL 33823			Street Address (		(P.O. Box Numbe	r is Not Acceptable)				
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					City		i	FL	_	
	tions of regis	ity submits this statement for stered agent.  A Bull add printed name of registered agent a	the purpose of changing its		_		n, in the State of Flori		tamiliar with	and accept
Filing Fee is \$50.00 Due by May 1, 2006										
F	iling Fee ue by Ma	is \$50.00 y 1, 2006							ayable to ent of Stat	te
9.		is \$50.00 by 1, 2006 MANAGING MEMBER		10.				Departm	ent of Sta	
9. THILE	MGRM	MANAGING MEMBER	RS/MANAGERS	TITLE	l l		Florida	Departm	ent of Stat	te Addition
9.	MGRM BAKER,	MANAGING MEMBER		TITLE	l l		Florida	Departm	ent of Sta	
9. TITLE NAME	MGRM BAKER, 2113 WIL	MANAGING MEMBEF		TITLI NAM STRE	IE		Florida	Departm	ent of Sta	
9. THE NAME STREET ADDRESS CITY-ST-Z4P THE	MGRM BAKER, 2113 WIL	MANAGING MEMBER WILLIE J LDWOOD LANE		TITLI NAM STRE CITY	IE EEI ADDRESS -ST-ZIP E		Florida	Departm	ent of Sta	
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE	ستعقمه	$\bigcap \alpha \alpha$	Barken		2-27-06	863-669-053
		NAME OF SIG	INING MANAGING MEMBER, MA	ANAGER, OR AUTHORIZED REPRESENTA	TIVE Date	Daytime Phone #