

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

02-23-2006 90231 030 ****50.00

DOCUMENT # L05000063970

1. Entity Name
JOSE LUIS GONZALES, LLC



Principal Place of Business
**7146 WIGGINS ROAD
LIVE OAK, FL 32060**

Mailing Address
**7146 WIGGINS ROAD
LIVE OAK, FL 32060**

2. Principal Place of Business
7146 Wiggins Rd
Suite, Apt. #, etc.

3. Mailing Address
7146 Wiggins Rd
Suite, Apt. #, etc.



03312006 Chg-LLC CR2E083 (11/05)

City & State
Live Oak FLORIDA
Zip
32060
Country
USA

City & State
Live Oak FLORIDA
Zip
32060
Country
USA

4. FEI Number
594-72-3249

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, JOSE L
7146 WIGGINS ROAD
LIVE OAK, FL 32060**

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

Jose Luis Gonzalez

(NOTE: Registered Agent signature required when reinstating)

4-1-06

DATE

**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
**manager
Jose Luis Gonzalez
7146 Wiggins Rd
Live Oak FL 32060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Jose Luis Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-06

DATE

(386) 590-4122

DAYTIME PHONE #