

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**LO5000066088**

DOCUMENT # **LO5000066088**

1. Entity Name

*Capital City Locksmith LTD. CO.*



**FILED**

07 MAY -3 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5227 Gum Rd Lot 3*

Suite, Apt. #, etc.

3. Mailing Address

*PO Box 3872*

Suite, Apt. #, etc.

**BK**

CR2E083B (8/05)

City & State

*Tallahassee, FL*

City & State

*Tallahassee, FL*

4. FEI Number

*87-074921-3*

Applied For

Not Applicable

Zip

*32304*

Country

*United States*

Zip

*32315*

Country

*United States*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Michael Varnadore*

Street Address (P.O. Box Number is Not Acceptable)

*5227 Gum Rd Lot 3*

City

*Tallahassee*

**FL**

Zip Code

*32304*

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

*Michael Varnadore*  
Signature, typed or printed name of registered agent and title if applicable.

**5-3-07**  
DATE

**BK**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

*MGRM  
Michael Varnadore*

STREET ADDRESS

*5227 Gum Rd Lot 3*

CITY-ST-ZIP

*Tallahassee, FL 32304*

TITLE  
NAME

**200101969942**

STREET ADDRESS

**05/09/07--01044--010 \*\*50.00**

CITY-ST-ZIP

TITLE  
NAME

*MGRM  
Lorey Webb*

STREET ADDRESS

*6148 Jason Tr*

CITY-ST-ZIP

*Tallahassee, FL 32317*

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

*MGRM  
Jonathan Moore*

STREET ADDRESS

*925 Longview Dr*

CITY-ST-ZIP

*Tallahassee, FL 32303*

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME

STREET ADDRESS

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TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

**5-3-07**

Date

**850-894-1660**

Daytime Phone #