


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 031 ****50.00

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|--|---|---------------------|--|---|--|
| DOCUMENT # L05000069905 1. Entity Name KARIN D POWELL, LLC | | | |  | |
| Principal Place of Business 415 VALENCIA PARK DRIVE SEFFNER, FL 33584 US | | | Mailing Address 415 VALENCIA PARK DRIVE SEFFNER, FL 33584 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139 | | | | | |
| 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 <u><i>Karin D Powell</i></u> NOT APPLICABLE 8/21/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POWELL, KARIN D 415 VALENCIA PARK DRIVE SEFFNER, FL 33584 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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07012006 Chg-LLC CR2E083 (11/05)

4. FEI Number **EIN 22-3916175** Applied For ☐ Not Applicable ☒

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

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: *Karin D Powell* 8/21/06 813 643 4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #