

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 043 ****50.00

DOCUMENT # L05000071496

1. Entity Name
SHOWTOWN ASSOCIATES PERMIT SERVICE LLC



Principal Place of Business
**10904 US 41 SOUTH
GIBSONTON, FL 33534 US**

Mailing Address
**10904 US 41 SOUTH
GIBSONTON, FL 33534 US**



03242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3167738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OSAK, CHARLES J
10904 US 41 SOUTH
GIBSONTON, FL 33534**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	OSAK, CHARLES J
STREET ADDRESS	7014 SHOWTEAM DR
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	MGR
NAME	MELSON, RICHARD
STREET ADDRESS	7014 SHOWTEAM DR
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**LAST NAME CORRECTED
SPELLING.
" MELVIN "**

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IN THIS SPACE**

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:

[Signature]

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

4/1/07

Date

813-671-7527

Daytime Phone #