


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90165 032 \*\*\*\*50.00

<b>DOCUMENT # L05000074551</b> 1. Entity Name <b>GROUND CREW, LLC</b>					
Principal Place of Business <b>2135 AZORE COURT JACKSONVILLE FL 32216</b>			Mailing Address <b>2135 AZORE COURT JACKSONVILLE FL 32216</b>		
2. Principal Place of Business <u>Same</u> Suite, Apt. #, etc.			3. Mailing Address <u>Same</u> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-3224196</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIS, ALLEN R 2135 AZORE COURT JACKSONVILLE FL 32216</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>Allen R. Willis</u> (NOTE: Registered Agent signature required when resigning) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIS, ALLEN R 2135 AZORE COURT JACKSONVILLE FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Allen Willis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/05)

20-3224196

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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SIGNATURE Allen R. Willis (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

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

Attachment



30001655

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

GROUND CREW, LLC  
2135 AZORE COURT  
JACKSONVILLE, FL 32216

Subject: **GROUND CREW, LLC**

Reference Number:

**L05000074551**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION