## FILED Mar 02, 2006 8:00 am Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-14-2006 90018 041 \*\*\*\*50 00 **DOCUMENT # L05000074635** 1. Entity Name CORDAY, LLC 30001532 Mailing Address Principal Place of Business 1657 E. CROSS STREET 1657 E. CROSS STREET PENSACOLA, FL 32503 PENSACOLA, FL 32503 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-LLC CR2E083 (11/05) City & State Applied For Not Applicable City & State 20-4389 Country \$5.00 Additional Fee Required Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SADORF, RICK W ESQ. Street Address (P.O. Box Number is Not Acceptable) 2201 N.E. COACHMAN ROAD, SUITE 102 CLEARWATER, FL 33765 submits this statement for the perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity the obligation Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Deleta TITLE ☐ Change Addition TALOR, JUNIOR L NAME NAME 3081 BARLOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILLRY, AL 36558 CHTY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY - ST - ZIP Delete TULE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Talle Delete ☐ Change Addition NUM STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TIZE Delate INLE Change **☐** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP TITLE O Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 11. I hereby centify that the information supplied with this filling 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 aport as required by Chapter 608, Florida Statutes. ON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE: X\_\_\_



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

CORDAY, LLC 1657 E. CROSS STREET PENSACOLA, FL 32503

Subject: CORDAY, LLC

Reference Number:

L05000074635

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> 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