2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # L05000077076 **Secretary of State** 1. Entity Name JOYCE L. HERB LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address 6003 ORANGE BLOSSOM TRAIL 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address 5AMQ **ナ**Aか Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERB, JOYCE L Street Address (P.O. Bex Number is Not Acceptable) 6003 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455 City 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. Sign-state, typed or printed figure of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILL MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME HERB. JOYCE L 03/23/06-80017-017 50.00 STREET ADDRESS 6003 ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-SI-ZIP HOBE SOUND FL 33455 C(TY - ST - Z(P ☐ Addition TITLE ☐ Delete TATCE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete Change TITLE DILL ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-ZIP TITLE ☐ Detete HILE ☐ Change ☐ Addition NAME NAML STREET ADDRESS STREET ADDRESS CHY-ST- MP CITY-ST-ZIP TITLE ☐ Delete THELE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-779 CITY-ST-ZIP TITLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: LOYCO L. HALL JOYCE L. HEREL

3/4/16

712-260-7027

FILED