

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90005 038 \*\*\*\*50.00

DOCUMENT # L05000079207

1. Entity Name

MILTON P BEAUDOT LLC



Principal Place of Business  
5805 NW 19TH CT.  
MARGATE FL 33063

Mailing Address  
5805 NW 19TH CT.  
MARGATE FL 33063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number

41-2201704

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUDOT, MILTON P  
5805 NW 19TH CT.  
MARGATE FL 33063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
105 NW 19th Ave  
MILTON P BEAUDOT  
5805 NW 19th Ct  
MARGATE FL 33063

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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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:

Milton P Beaudot

Milton Beaudot

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

08/21/06 954972 0415