2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 24, 2006 8:00 am
Secretary of State
05-05-2006 90031 011 ****50.00

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DOCUMENT # L05000087674

1. Entity Name

DANA REYNOLDS, LLC

Principal Place of Business	Mailing Address
1220 E JOHNSON AVENUE PENSACOLA FL 32514-4603 US	P. O. BOX 10301 PENSACOLA FL 32524-0301 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
1142 E. Johnson Ave		P.O. Box 10301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pensacola Florida		City & State: Pensacola, FL	
Zip: 32514	Country: U.S.A.	Zip: 32524-0301	Country: U.S.A.

4. FEI Number: 06-1789636 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYNOLDS, DANA
1220 E JOHNSON AVENUE
PENSACOLA FL 32514-4603

7. Name and Address of New Registered Agent

Name: Dana Reynolds
Street Address (P.O. Box Number is Not Acceptable): 1142 E. Johnson Ave
City: Pesacola FL Zip Code: 32514

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] Date: 4/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registration Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	REYNOLDS, DANA	
STREET ADDRESS	P. O. BOX 10301	
CITY-ST-ZIP	PENSACOLA FL 32524-0301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: [signature] 4/25/06 850-384-6359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #