

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088067

1. Entity Name
"AROUND TO IT" LLC



06 MAR 28 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
76-0800846

Applied For
Not Applicable

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

Principal Place of Business
11686 COE SPRINGS RIDGE
TALLAHASSEE, FL 32310

Mailing Address
11686 COE SPRINGS RIDGE
TALLAHASSEE, FL 32310

2. Principal Place of Business
11686 COE SPRINGS RIDGE

3. Mailing Address
SAME

Suite, Apt. #, etc.
TALLAHASSEE, FL.

Suite, Apt. #, etc.

City & State
32310

City & State

Zip
Country
USA

Zip
Country

6. Name and Address of Current Registered Agent

GRZYB, ARTHUR ROBERT
11686 COE SPRINGS RIDGE
TALLAHASSEE, FL 32310

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GRZYB, ARTHUR ROBERT
11686 COE SPRINGS RIDGE
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LANPHERE, FRED
7932 SHERRY ST.
SNEEDS, FL 32460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROBERT LEE BLAKE
1955 GREENSBORO HWY
QUINCY, FL 32351 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700069626777
04/06/06--01038--016 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Arthur R. Grzyb

3/28/06

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

Date

Daytime Phone #