

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90020 033 ****50.00

DOCUMENT # L05000092277

1. Entity Name
DROPZONE, LLC



Principal Place of Business
**4620 S. FLORIDA AVE
SUITE 103
LAKELAND, FL 33813**

Mailing Address
**4620 S. FLORIDA AVE
SUITE 103
LAKELAND, FL 33813**

20022168



2. Principal Place of Business

3. Mailing Address
6301 Lunn Woods Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Lakeland, FL

4. FEI Number **35-2261242**

Applied For
Not Applicable

Zip

Country

Zip

33811

Country

Polk

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROWBRIDGE, ROBERT
6301 LUNN WOODS DR
LAKELAND, FL 33811**

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.

Robert Trowbridge

27 March 2006

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TROWBRIDGE, SHARI
6301 LUNN WOODS DR
LAKELAND, FL 33811** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TROWBRIDGE, ROBERT
6301 LUNN WOODS DR
LAKELAND, FL 33811** ☐ Delete

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

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☐ 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:

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

Robert Trowbridge

27 March 2006 863.860.4711

Date

Daytime Phone #