

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90030 012 ****50.00

DOCUMENT # L05000096665

1. Entity Name
FRIDOVICH HOLDINGS II, LLC



Principal Place of Business
**2600 SOUTH FLORIDA AVENUE
SUITE 100
LAKELAND, FL 33803 US**

Mailing Address
**2600 SOUTH FLORIDA AVENUE
SUITE 100
LAKELAND, FL 33803 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20 3554115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

Name
Anthony S. Fridovich

Street Address (P.O. Box Number is Not Acceptable)

2600 South Florida Avenue

City **Lakeland, FL** Zip Code **33803**

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

Anthony S. Fridovich
Signature of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-06

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FRIDOVICH, ANTHONY S**
STREET ADDRESS **2600 SOUTH FLORIDA AVENUE, SUITE 100**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **MGRM** ☐ Delete
NAME **FRIDOVICH, MELODIE K**
STREET ADDRESS **2600 SOUTH FLORIDA AVENUE, SUITE 100**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

4-25-06

Date

863 680 3322

Daytime Phone #

Anthony S. Fridovich