

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90024 003 \*\*\*\*50.00

**DOCUMENT # L05000098708**

1. Entity Name

**MIKE TURNER ENTERPRISES, LLC**



Principal Place of Business

16470 INNERARITY PT. RD.  
PENSACOLA FL 32507

Mailing Address

16470 INNERARITY PT. RD.  
PENSACOLA FL 32507



2. Principal Place of Business

**14636 INNERARITY PT RD**

Suite, Apt. #, etc.

3. Mailing Address

**14636 INNERARITY PT RD**

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**PENSACOLA FL**

Zip **32507**

Country **USA**

City & State

**PENSACOLA FL**

Zip **32507**

Country **USA**

4. FEI Number

**20-3602312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, WILLIAM M**  
**16470 INNERARITY PT. RD.**  
**PENSACOLA FL 32507**

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 **William M Turner**

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/06**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TURNER, WILLIAM M**  
STREET ADDRESS **16470 INNERARITY PT. RD.**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **TURNER, WILLIAM M**  
STREET ADDRESS **14636 INNERARITY PT RD**  
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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: **William M Turner**

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

**4/28/06**

Date

**850 777 6481**

Daytime Phone #