

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90300 022 \*\*\*\*55.00

DOCUMENT # L05000100262

1. Entity Name

ARROW OIL & LUBRICANTS, LLC



Principal Place of Business

1169 CULBREATH ROAD  
BROOKSVILLE FL 34602  
US

Mailing Address

20 SOUTH BROAD STREET  
BROOKSVILLE FL 34601  
US



2. Principal Place of Business

3. Mailing Address

1169 Culbreath Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE -- CR2E083-(10/05)

City & State

City & State

Brooksville FL

4. FEI Number

20-3624726

Applied For

Not Applicable

Zip

Country

Zip

Country

34602

Hernando

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

THE HOGAN LAW FIRM, LLC  
20 SOUTH BROAD STREET  
BROOKSVILLE FL 34601

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 reissuing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BALDREE, DEBORAH M  
STREET ADDRESS 1169 CULBREATH ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE MGRM ☐ Delete  
NAME BALDREE, GERALD L  
STREET ADDRESS 1169 CULBREATH ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE MGRM ☐ Delete  
NAME BALDREE, JASON L  
STREET ADDRESS 1169 CULBREATH ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

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

3/31/06

Date

352-754-5381

Daytime Phone #