

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 07, 2006 8:00 am
Secretary of State

03-23-2006 90258 023 ****50.00

DOCUMENT # L05000106307

1. Entity Name
**IDEAL MANAGEMENT SERVICES OF WINTER HAVEN,
LLC**



Principal Place of Business
**616 N MAYO STREET
CRYSTAL BEACH, FL 34681**

Mailing Address
**P.O. BOX 56
CRYSTAL BEACH, FL 34681**

30004380



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
30-3713923

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET, SUITE 1700
TAMPA, FL 33602**

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 resigning)

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
DINGESS, ROBERT
P.O. BOX 560
CRYSTAL BEACH, FL 34681** ☐ Delete

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

TITLE
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TITLE
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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 606, Florida Statutes.

SIGNATURE: *Robert R. Dingess*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-15-06
Date

787-285-9319
Daytime Phone #