2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-26-2006 90128 006 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000106760

1. Entity Name

SUSAN MARY PELLETIER, LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
5901 HATCHINEHA ROAD HAINES CITY FL 33844 US	5901 HATCHINEHA ROAD HAINES CITY FL 33844 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country Polk	Zip	Country

4. FEI Number 20-3644385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CEDRIC E. LEWIS & ASSOCIATES
332 THIRD STREET
WINTER HAVEN FL 33881

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 [signature]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

Field		
TITLE	MGRM	☐ Delete
NAME	PELLETIER-HAMEL, SUSAN M	
STREET ADDRESS	5901 HATCHINEHA ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33844	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

Field		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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] 5/4/06 863287-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #