

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/11/2006-90092-010-\$50.00-\$50.00

FILED

DOCUMENT # L05000106885

1. Entity Name
PE & SE, LLC



06 NOV -3 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 KIRKWOOD ST
NORTH PORT, FL 34288

Mailing Address
1401 KIRKWOOD ST
NORTH PORT, FL 34288



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08212006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-4035057

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, PAMELA E
1401 KIRKWOOD ST.
NORTH PORT, FL 34288

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

Pamela Hart

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept. 1, 2006

Filing Fee is \$50.00
Due by September 8, 2006

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HART, PAMELA E
STREET ADDRESS 1401 KIRKWOOD ST.
CITY-ST-ZIP NORTH PORT, FL 34288

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 608, Florida Statutes.

SIGNATURE:

Pamela Hart

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

Date

Daytime Phone

REINSTATEMENT

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11-6
Cellist