2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90034 035 ****50.00

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1. Entity Name
ANNA MARIA APPLIANCE SERVICE, LLC

Principal Place of Business	Mailing Address
608 AMBASSADOR LANE HOLMES BEACH, FL 34218 US	608 AMBASSADOR LANE HOLMES BEACH, FL 34218 US

04112006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	**3.** Mailing Address	**4.** FEI Number	Applied For
			✔ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required
City & State	City & State		
Zip Country	Zip Country		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BUDNICK, GARY 608 AMBASSADOR LANE HOLMES BEACH, FL 34218	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 reinstating)   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 BUDNICK, GARY 608 AMBASSADOR LANE HOLMES BEACH, FL 34218	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: _____   4/17/06   941-779-1779

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