

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 005 ****50.00

DOCUMENT # L05000107823

1. Entity Name

GEORGE A. PARRAMORE, LLC



Principal Place of Business

12 SPUR TRAIL
CRAWFORDVILLE FL 32326-0676

Mailing Address

12 SPUR TRAIL
CRAWFORDVILLE FL 32326-0676



2. Principal Place of Business

12 SPUR TRAIL
Suite, Apt. #, etc.

3. Mailing Address

12 SPUR TRAIL
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

CRAWFORDVILLE, FL

Zip

32327

Country

WAKULLA

City & State

CRAWFORDVILLE, FL

Zip

32327

Country

WAKULLA

4. FEI Number

20-3743251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name GEORGE A. PARRAMORE

Street Address (P.O. Box Number is Not Acceptable)

12 SPUR TRAIL

City CRAWFORDVILLE

FL

Zip Code

32327

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 George A. Parramore Pres.

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

TITLE MGR
NAME PARRAMORE, GEORGE A
STREET ADDRESS 12 SPUR TRAIL
CITY-ST-ZIP CRAWFORDVILLE FL 32326-0676 ☐ Delete

TITLE MGR
NAME PARRAMORE, SHIRLEY B
STREET ADDRESS 12 SPUR TRAIL
CITY-ST-ZIP CRAWFORDVILLE FL 32326-0676 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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 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:

George A. Parramore Pres.

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

Date

Daytime Phone #

3/14/06 850-926-6192