


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED
May 01, 2006 8:00 am
Secretary of State

04-17-2006 90049 011 ****50.00

DOCUMENT # L05000108300			
1. Entity Name THREE CORDS, LLC			
Principal Place of Business 314 PINE SHORE ROAD DEFUNIAK SPRINGS, FL 32436		Mailing Address 314 PINE SHORE ROAD DEFUNIAK SPRINGS, FL 32436	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		32435	
6. Name and Address of Current Registered Agent RUTHERFORD, ALLAN P 314 PINE SHORE ROAD DEFUNIAK SPRINGS, FL 32436		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Allan P. Rutherford</u> Allan P. Rutherford		Date: <u>4-14-06</u> Daytime Phone #: <u>850-892-7211</u>	

30006710



04122008 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3872116

Applied For
Not Applicable

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