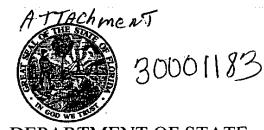
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 27, 2006 8:00 am Secretary of State 02-09-2006 90146 034 \*\*\*\*50.00

DOCUMENT # L05000110347  1. Entity Name HOLCOMB & MAYTS, P.L.					02-09-2006 90146 034 ****50.00			
Principal Plac 201 N. ARM TAMPA, FL		Mailing Address 201 N. ARMENIA AVE. TAMPA, FL 33609			LANGUISTE MY	acis) san abin sin berti	PRESIDENT ACTUAL INSURANCE	(SEAT) M AATI
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-LLC	CR2E083 (11/05	5)
City & State		City & State			4. FEI Numbe	3879668		Applied For Not Applicable
Zìp	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 A Fee Requ	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent	
HOLCOMB, VICTOR W 201 N. ARMENIA AVE.				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F								<del></del>
			F	City			FL Zip Ci	ode
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered	office or register	ed agent, or bot	h, in the State of Flori	ida. 1 am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent a							
	Signature, typed or printed name of regularist again.	Ind use if applicable. [NQ:	F: Hegistared A	Agent signature required	when remotating)	· · · · · · · · · · · · · · · · · · ·	DATE	
5	iling Fee is \$50.00 bue by May 1, 2006						check payable to Department of St	
9.	MANAGING MEMBE	RS/MANAGERS	10.		!	ADDITIONS/C	HANGES	
TITLE NAME	Holcomb & Mayts, P.	A Deleta	TITLE NAME				☐ Change	Addition
	TREET ADDRESS 201 N. Armonia Avro			İ				
STREET ADDRESS				ADDRESS				
STREET ADDRESS CITY-ST-ZIP	201 N. Armenia Ave. Tampa, FL 33609		CITY-\$				Chance	Addition
STREET ADDRESS	201 N. Armenia Ave. Tampa, FL 33609	☐ Ockete					Change	Addition
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

HOLCOMB & MAYTS, P.L. 201 N. ARMENIA AVE. TAMPA, FL 33609

Subject: HOLCOMB & MAYTS, P.L.

Reference Number:

L05000110347

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS ANNUAL REPORTS SECTION

