

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90036 015 ****55.00

DOCUMENT # L05000111465

1. Entity Name
STEVE KUHNS, LLC



Principal Place of Business
**2755 N. BANANA RIVER DRIVE
UNITS 12-13
MERRITT ISLAND FL 32953
US**

Mailing Address
**2946 FAIRWOOD STREET
COCOA FL 32926**



2. Principal Place of Business

3. Mailing Address

3946 Fairwood ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Cocoa, Fla.

4. FEI Number

81-0680952

Applied For

Not Applicable

Zip

Country

Zip

Country

32926-3246 Brevard

5. Certificate of Status Desired

4

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUHNS, STEVEN
2755 N. BANANA RIVER DRIVE
UNITS 12-13
MERRITT ISLAND FL 32953**

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 is 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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **KUHNS, STEVEN**
CITY-ST-ZIP **2755 N. BANANA RIVER DRIVE, UNITS 12-13**
MERRITT ISLAND FL 32953

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **KUHNS, NORMAN**
CITY-ST-ZIP **2755 N. BANANA RIVER DRIVE, UNITS 12-13**
MERRITT ISLAND FL 32953

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **KUHNS, JOSEPH**
CITY-ST-ZIP **2755 N. BANANA RIVER DRIVE, UNITS 12-13**
MERRITT ISLAND FL 32953

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

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

Steven Kuhns

4/11/06 (321) 431-5673

Date

Daytime Phone #