

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90047 044 \*\*\*\*50.00

**DOCUMENT # L05000112678**

1. Entity Name  
**KAREN RETHERFORD, LLC**



Principal Place of Business  
**1827 SENTINEL POINT ROAD  
SEBRING, FL 33875 US**

Mailing Address  
**1827 SENTINEL POINT ROAD  
SEBRING, FL 33875 US**

**30010384**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**16-1762747**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCJUNKIN, DAVID M  
1827 SENTINEL POINT ROAD  
SEBRING, FL 33875**

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **RETFERFORD, KAREN**  
STREET ADDRESS **1827 SENTINEL POINT ROAD**  
CITY-ST-ZIP **SEBRING, FL 33875**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Karen Retherford*

**4-28-06 863-243-9182**

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

Date

Daytime Phone #

**ATTACHMENT**

30010384

**Karen Retherford, LLC**

**1827 Sentinel Point Rd.**

**Sebring, FL 33875**

**863-655-2418**

June 10, 2006

Attn: JR

Annual Reports Section

FL Department of State

Division of Corporations

P. O. Box 6478

Tallahassee, FL 32314

Reference Number: L05000112678

Dear Division Representative:

You requested I respond to your letter of May 11, 2006 within 30 days from the date of your letter. However, your letter was not mailed to me until May 25, 2006 (see enclosed copy of envelope showing postmark) and received by me later than that.

I do not know why I MUST provide you with a FEI number. I don't use one. I am a sole proprietorship with no employees. I use my social security number for my tax returns. Is there a Statute or Rule you can refer me to?

Nevertheless, in compliance with your request, I have obtained what is, as far as I can tell, a useless FEI number - called an EIN number by the IRS. Enclosed is a copy of my Annual Report which includes that number. 16-17-2747

Please let me know why I MUST have this number. Thank you.

Sincerely,



Karen Retherford, Manager  
KarenRetherford, LLC



ATTACHMENT

30010384

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2006

*Paul Francese*

*1906167*

KAREN RETHERFORD, LLC  
1827 SENTINEL POINT ROAD  
SEBRING, FL 33875 US

*16-1762747 EIN*

Subject: **KAREN RETHERFORD, LLC**

Reference Number: **L05000112678**

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

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

*irs.gov  
ein on schedule C on 1040*

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.

/JR

ANNUAL REPORTS SECTION

ATTACHMENT

30010384

#L05000112678

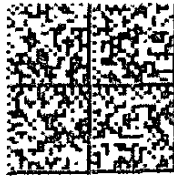
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\$00.390

05/25/2006

Mailed From 32301

US POSTAGE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314