

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90079 019 ***150.00

20048558



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3960234** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARTY, GATE
2415 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ARTY, GATE ☐ Delete
STREET ADDRESS 2415 CLEVELAND HEIGHTS BLVD.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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:

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

7/19/6

Date

863 529 3222

Daytime Phone #

ALA Authorized Paratax Inc.

ATTACHMENT

20098558



2210 South Florida Ave.
Lakeland, FL 33805
MAIL: PO Box 7076, Lakeland, FL 33807-7076
863-687-6154 cell: 863-604-6174 Fax: 802-106
TJC180@msn.com

July 6, 2006

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

RE: Flamingo Arty (205000114553)

Dear Sirs/Madams:

I am enclosing the UBR for 2006 for the above listed corporation. The taxpayer did not receive the notice in the mail.

I am enclosing the check in the amount of \$150.00 and requesting that you abate the late penalty.

Thank you,

A handwritten signature in cursive script, appearing to read "Jeannie".

Jeannie Chodazack
Accounts Manager

Cc: Gate Arty