2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 11, 2007 08:00 AM Secretary of State

D	OC	U١	ИEI	V٣	#	L050	000	11	6295

1. Entity Name STRICKLEN ENTERPRISES, LLC



Principal Place of Business

871 S CENTRAL AVE UMATILLA, FL 32784 Mailing Address

13900 YALE HAMMOCK RD UMATILLA, FL 32784



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-4172193		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

STRICKLEN, ALBERT L 13900 YALE HAMMOCK RD UMATILLA, FL 32784

STREET ADDRESS

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The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

MANAGING MEMBERS/MANAGERS TITLE STRICKLEN, ALBERT L NAME 13900 YALE HAMMOCK RD STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 TITLE STRICKLEN, LAUREN L 13900 YALE HAMMOCK RD STREET ADDRESS CITY-ST-ZIP UMATILLA, FL 32784 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP NAME

000000582455 01/11/07-80032-012 50.00

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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: Abut L. Laighle ALBERT L. STRICKLEN 1/05/2007 66 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Description