2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2006 8:00 am
Secretary of State
03-16-2006 90031 027 ****50.00

DOCUMENT # L05000120440

1. Entity Name

NILO LLAMADO & SON, LLC

Principal Place of Business	Mailing Address
2190 MINDANAO DRIVE JACKSONVILLE FL 32246	2190 MINDANAO DRIVE JACKSONVILLE FL 32246

NILO LLAMADO & SON LLC

2. Principal Place of Business	3. Mailing Address
	2190 MINDANAO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL.	City & State: FL.
Zip: 32246 / Country: FL.	Zip: 32246 / Country: FL.

1st MOORE CR2E083 (10/05)

4. FEI Number: 20-3965346 — Applied For / Not Applicable

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
LLAMADO, NONILO 2190 MINDANAO DRIVE JACKSONVILLE FL 32246	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 date if applicable. (NOTE: Registered Agent signature required when remaining) 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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLAMADO, NONILO L	NAME	
STREET ADDRESS	2190 MINDANAO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	
TITLE	SECRETARY ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLAMADO, NONILO L.	NAME	
STREET ADDRESS	2190 MINDANAO DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL. 32246	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #