## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L05000122710** 02-09-2006 90148 048 \*\*\*\*50.00 1. Entity Name **AFTÉRYOU LLC** Principal Place of Business Mailing Address **4301 MACKEREL DRIVE 4301 MACKEREL DRIVE** SEBRING, FL 33870 US SEBRING, FL 33870 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-4117:37 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILSON, DAVID L 4301 MACKEREL DRIVE Street Address (P.O. Box Number is Not Acceptable) SEBRING, FL 33870 City 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 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 May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MIF Delete Addition Change NAME WILSON, DAVID L NAME STREET ADDRESS 4301 MACKEREL DRIVE STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP TIT1 F ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 09, 2006 8:00 am