

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000123101

1. Entity Name  
BARGER INTERESTS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 20 AM 9:35

Principal Place of Business  
11001 DANKA WAY NORTH  
UNIT 3  
ST. PETERSBURG, FL 33716 US

Mailing Address  
11001 DANKA WAY NORTH  
UNIT 3  
ST. PETERSBURG, FL 33716 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

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

HUMBARGER, JUDY K  
11001 DANKA WAY NORTH  
UNIT 3  
ST. PETERSBURG, FL 33716

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 May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BARGER, MICHAEL E  
STREET ADDRESS 11001 DANKA WAY NORTH, UNIT 3  
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS ST. PETERSBURG, FL 33716  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900066707999  
CITY-ST-ZIP 02/27/05--01044--002 111.25

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  
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  
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

Date

Daytime Phone #

MICHAEL E. BARGER 2-2-06 727-520-7711