


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90186 031 \*\*\*\*55.00

<b>DOCUMENT # L05000123420</b> 1. Entity Name <b>EVERYTHING GOES LLC</b>					
Principal Place of Business <b>326 CYPRESS ROAD</b> <b>OCALA, FL 34472</b>			Mailing Address <b>326 CYPRESS ROAD</b> <b>OCALA, FL 34472</b>		
<b>Colonel Tom Heller</b>					
2. Everything Goes Auction Barn <b>326 Cypress Rd.</b> <b>Ocala, FL 34472</b>			3. Mailing Address <b>326 CYPRESS ROAD</b> Suite, Apt. #, etc.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006 Chg-LLC CR2E083 (11/05)	
City & State		City & State <b>OCALA FLORIDA</b>		4. FEI Number <b>SS 384-52-6169</b>	
Zip		Country <b>MACION</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>34472</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HELLER, THOMAS B</b> <b>326 CYPRESS ROAD</b> <b>OCALA, FL 34472</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Thomas B Heller</u> <span style="float: right;">2-12-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HELLER, THOMAS B</b> <b>326 CYPRESS ROAD</b> <b>OCALA, FL 34472</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Thomas B Heller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/12/06 352-680-9722 <small>Date Daytime Phone #</small>		