

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006473

Entity Name: THRELKELD HOLDINGS, LC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

317 S.E. 3RD STREET, APT. 2
BELLE GLADE, FL 33430

New Principal Place of Business:

317 S.E. 3RD STREET
APT.# 2
BELLE GLADE, FL 33430

Current Mailing Address:

317 S.E. 3RD STREET, APT. 2
BELLE GLADE, FL 33430

New Mailing Address:

317 S.E. 3RD STREET
APT # 2
BELLE GLADE, FL 33430

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWICKI, MARK J
480 MAPLEWOOD DRIVE, SUITE 2
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THRELKELD, SARAH E
Address: 317 S.E. 3RD STREET, APT. 2
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR () Delete
Name: THRELKELD, JAMES J
Address: 317 S.E. 3RD STREET, APT. 2
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES J. THRELKELD

MGR.

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date