

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90318 008 ****50.00

DOCUMENT # L06000045604

1. Entity Name

LAFLIN LATHING, LLC



Principal Place of Business

67 WILLOW AVE.
FREEPORT FL 32439

Mailing Address

67 WILLOW AVE.
FREEPORT FL 32439

2. Principal Place of Business - No P.O. Box #

1209 LAIRD Rd.

3. Mailing Address

1209 LAIRD Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

City & State

Crestview, FL

City & State

Crestview FL

Zip

32539

Country

Zip

32539

Country

WALTON

4. FEI Number

20-4799718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAFLIN, WILLIAM
67 WILLOW AVE.
FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name

William LAFLIN

Street Address (P.O. Box Number is Not Acceptable)

1209 LAIRD Rd.

City

Crestview

FL

Zip Code

32539

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LAFLIN, WILLIAM
67 WILLIAM AVE.
FREEPORT FL 32439

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LAFLIN, William
1209 LAIRD Rd.
Crestview, FL 32539

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

William Laflin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/07

Date

Daytime Phone #