

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90055 046 ****50.00

DOCUMENT # L06000058955

1. Entity Name
SAMPLE AND ASSOCIATES, LLC



Principal Place of Business
2922 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

Mailing Address
2922 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number **51-0590111** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name **JOHN SAMPLE**
Street Address (P.O. Box Number is Not Acceptable) **2922 SHAMROCK SOUTH**
City **TALLAHASSEE** **FL** **Zip Code** **32309**

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 *John Sample* **JOHN SAMPLE** **2/12/07**
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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ **Delete**
NAME **SAMPLE, JOHN**
STREET ADDRESS **2922 SHAMROCK SOUTH**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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: *John Sample*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/12/07 **850-668-9297**
Date Daytime Phone #