

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90203 020 \*\*\*\*50.00

**DOCUMENT # L06000069169**

1. Entity Name  
**TERESA MCDANIEL LLC**



Principal Place of Business  
**17460 CELIA AVENUE  
BROOKSVILLE, FL 34604**

Mailing Address  
**17460 CELIA AVENUE  
BROOKSVILLE, FL 34604**

**30001794**



2. Principal Place of Business - No P.O. Box #  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

01112007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**20-5213525**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, TERESA  
17460 CELIA AVENUE  
BROOKSVILLE, FL 34604**

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 renewing)

**1-1-07**

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MCDANIEL, TERESA W  
17460 CELIA AVENUE  
BROOKSVILLE, FL 34604** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MCDANIEL, LOUIS  
17460 CELIA AVENUE  
BROOKSVILLE, FL 34604** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
MCDANIEL, SAMUEL  
17460 CELIA AVENUE  
BROOKSVILLE, FL 34604** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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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 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

**3/1/07**

Date

Daytime Phone #