

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90048 037 ****50.00

DOCUMENT # L06000108563

1. Entity Name

BIG TROY'S BAIL, LLC



Principal Place of Business

Mailing Address

13 SOUTH PINE AVE
 Ocala FL 34474
 US

13 SOUTH PINE AVE
 Ocala FL 34474
 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-5775856

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEATH, HEATH
 2123 SW 20 PL
 SUITE 102
 Ocala FL 34474

Name: Troy D. Waranka

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

13 S. PINE AVE

OCALA

City OCALA

FL

Zip Code 34474

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 file if applicable

(NOTE: Registered Agent signature required when registering)

1-26-07

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	FLEMING, HEATH	2123 SW 20 PL STE 102	OCALA FL 34474	<input checked="" type="checkbox"/>						
MGR	WARANKA, TROY D	2631 NE 10 ST STE 709	OCALA FL 34475	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

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

1-26-07

DATE

352-690-2440

TELEPHONE #