

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 040 ****50.00

DOCUMENT # L97000000338

1. Entity Name

PLH MFG. COMPANY, L.C.



Principal Place of Business

245 N. LANE AVENUE
JACKSONVILLE FL 32254

Mailing Address

245 N. LANE AVENUE
JACKSONVILLE FL 32254

2. Principal Place of Business
9601 Gibson Road

3. Mailing Address
9601 Gibson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Molino, FL

City & State

Molino, FL

Zip
32577

Country
USA

Zip
32577

Country
USA

4. FEI Number

59-3437643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

DALE, BALD & ALTES, P.A.
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TANNER, RUSSELL E
245 N LANE AVENUE
JACKSONVILLE FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

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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: *Margaret Beach*

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

4-26-06

Date

(904) 695-9880

Daytime Phone #