

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000007820

1. Entity Name
ASHPAUGH & SCULCO, CPAS, PLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 11:16

Principal Place of Business
1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789

Mailing Address
1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3608217

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCULCO, CAROLYN A
1133 LOUISIANA AVENUE, SUITE 106
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ASHPAUGH, GARTH THEODORE
STREET ADDRESS 1003 KEWANEE TRL
CITY-ST-ZIP MAITLAND, FL 32751

TITLE MGRM
NAME SCULCO, CAROLYN A
STREET ADDRESS 140 HAMPDEN PLACE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN0000397809
01/30/06-80058-009 150.00

**DO NOT WRITE
IN THIS SPACE**

000065851860
02/14/06--01053--013 **50.00

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, OR AUTHORIZED REPRESENTATIVE

Carolyn Sculco
Vice-president

1-18-06 407-645-2020

Date

Daytime Phone #