

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # M00000002185

1. Entity Name
ORISTO OF FLORIDA, LLC



Principal Place of Business
**123 N. CT STREET
FAYETTEVILLE, WV 25840**

Mailing Address
**PO DRAWER 359
FAYETTEVILLE, WV 25840**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1105792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIREY, ROBERT D
2245 TECHNICAL PARKWAY
CHARLESTON, SC 29406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRIFFITH, JOHN D
2245 TECHNICAL PARKWAY
CHARLESTON, SC 29406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WENDELL, CHARLES H
2245 TECHNICAL PARKWAY
KIAWAH ISLAND, SC 29455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHARDSON JR, TERRY E
2245 TECHNICAL PARKWAY
CHARLESTON, SC 29406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000381465
01/11/06-80055-006 50.00

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IN THIS SPACE**

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: _____

Charles H. Wendell

Charles H. Wendell

1/4/2006

304.574.3096

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

Date

Daytime Phone #