## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # M04000002706 THE STRATHMOOR GROUP, LLC Principal Place of Business Matting Address 2164 15 CIRCLE NORTH ST. PETERSBURG FL 33713 2164 15 CIRCLE NORTH ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied Far 4, FEI Number 20-0657676 Not Applicat Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEPUGH, R.V. Street Address (P.O. Box Number is Not Acceptable) 2164 15 CIRCLE NORTH ST. PETERSBURG FL 33713 Zip Code FL 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, Segmenture, typera or printed name of registered eigent 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 10. ADDITIONS / CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME DEPUGH, R.V. NAME STREET ADDRESS 2164 15 CIRCLE NORTH STREET ADDRESS U00000526068 .05/04/06-80058-021 CITY-ST-ZIP ST. PETERSBURG FL 33713 CHY-ST-709 50.00 7811.8 Delete Dits ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Oelete BILE □ Change ☐ Addition NAMC MARKE STREET AUDRESS STREET ADDRESS C17Y - S7 - 21P CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP $m\epsilon$ ☐ Beicle TITLE ☐ Charge Addition MAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-IMP

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 antitinal my sonature 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 trustely proported to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

4/14/06

**FILED**