


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90071 026 ****50.00

DOCUMENT # M05000000416					
1. Entity Name DOUBLE HELIX INDUSTRIES, LLC					
Principal Place of Business 14175 ICOT BLVD., SUITE 100 CLEARWATER, FL 33760			Mailing Address 14175 ICOT BLVD., SUITE 100 CLEARWATER, FL 33760		
2. Principal Place of Business 14 ISLA BAHIA DR Suite, Apt. #, etc. FT. LAUDERDALE City & State FL Zip 33314			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		
4. FEI Number 20-1217592			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent INGRAM, BOB 14175 ICOT BLVD., SUITE 100 CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name Lou Thomas Trosclair Street Address (P.O. Box Number is Not Acceptable) 14 ISLA BAHIA DR. City FT. LAUDERDALE FL Zip Code 33314		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, DAN 14175 ICOT BLVD., SUITE 100 CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDMOND, JOHN 14175 ICOT BLVD., SUITE 100 CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS TROSCLAIR, LOU 8 ISLA BAHIA DR. FT. LAUDERDALE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lou Thomas Trosclair 14 ISLA BAHIA DR. FT. LAUDERDALE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	