

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90044 013 ***138.75

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04162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000115127	
1. Entity Name INTERFACE MYRTLE BEACH, LLC	

Principal Place of Business 2600 N. MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431	Mailing Address 2600 N. MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 7777 Glades Road Suite, Apt. #, etc. Suite 204	3. Mailing Address 7777 Glades Road Suite, Apt. #, etc. Suite 204
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33434 USA	Zip 33434 USA

4. FEI Number 20-5990911	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

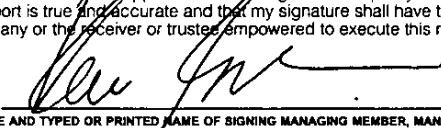
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, KENNETH J 2600 N. MILITARY TRAIL, SUITE 290 BOCA RATON, FL 33431 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7777 Glades Road, Suite 204 Boca Raton, FL 33434 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **Date** 4-21-08 **Daytime Phone #** (561) 477-2770