

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087315

Entity Name: 146 SOUTH ATLANTIC, LLC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

146 SOUTH ATLANTIC AVE.  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

146 SOUTH ATLANTIC AVE.  
ORMOND BEACH, FL 32176

**New Mailing Address:**

6836 LINFORD LANE  
JACKSONVILLE, FL 32217

FEI Number: 35-2346986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGRANE, EUGENE W JR.  
146 SOUTH ATLANTIC AVE.  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

MCGRANE, EUGENE W JR.  
6836 LINFORD LANE  
JACKSONVILLE, FL 32217 US

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.

SIGNATURE:

02/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCGRANE, EUGENE W JR.  
Address: 6836 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM  
Name: MCGRANE, THAO  
Address: 6836 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EUGENE W MCGRANE JR

MGR

02/24/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date