

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000077029

1. Entity Name
2209 WEST 21ST STREET LLC



Principal Place of Business
1012 MINNESOTA AVENUE
LYNN HAVEN, FL 32444

Mailing Address
1012 MINNESOTA AVENUE
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE



03042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3093299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, SUSAN
1012 MINNESOTA AVENUE
LYNN HAVEN, FL 32444

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURPHY, SUSAN
1012 MINNESOTA AVENUE
LYNN HAVEN, FL 32444

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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05/14/07-80016-006 50.00

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]* **SUSAN MURPHY**

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

4/15/2007 **850 271-3566**

Date

Daytime Phone #