

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000001816**

1. Entity Name  
**OUR DECK DOWN UNDER, LLC**



Principal Place of Business

**78 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127**

Mailing Address

**78 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127**



04142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3641228**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BURNETT, RANDOM R  
501 N. GRANDVIEW AVE., 3RD FLOOR EAST  
DAYTONA BEACH, FL 32118**

**DO NOT WRITE  
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 *Random Burnett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-08

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000913651  
05/08/08-80024-019 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MOORE, KAY  
1205 PAT AVE  
NEW SMYRNA BEACH, FL 32168**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
WARDEN, ANDREW  
710 EASTOWER CIRCLE  
DELAND, FL 32724**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MOWERY, KAROL  
6200 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Andrew D. Warden* **Andrew D. Warden** 4-17-08 (386) 767-1881

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

Date

Daytime Phone #