

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000002194

1. Entity Name

ST. AUGUSTINE DONUTS, LLC



Principal Place of Business

1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL

Mailing Address

1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1631470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDEIROS, ROBERT E
1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MEDEIROS, ROBERT E
STREET ADDRESS 1001 PONCE DE LEON BLVD
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE MGRM
NAME MEDEIROS, MARIE I
STREET ADDRESS 1001 PONCE DE LEON BLVD
CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #