## DOCUMENT # LU2000000151

1. Entity Name 504 MAIN STREET, LLC



Principal Place of Business

777 MAIN STREET DAYTONA BEACH, FL 32118 Mailing Address
777 MAIN STREET
DAYTONA BEACH, FL 32118

## FILED Mar 12, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE 02052007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 90-0000792 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ERGUN 37 SUN DUNES CIRCLE PORT ORANGE, FL 32127

SIGNATURE:

SIGNATURE AND TYPED

## 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, 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	D RECEL, ERGUN THOMAS 37 SUN DUNES CIRCLE PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	U00000662875 03/21/07-80030-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling 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.		