


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-27-2006 90023 034 ****25.00
06-05-2006 90001 006 ****25.00

DOCUMENT # L02000031279 1. Entity Name OYSTERS R US, LLC	
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Principal Place of Business 203 SABINE DR. PENSACOLA BEACH, FL 32561	Mailing Address P.O. BOX 1373 GULF BREEZE, FL 32562
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DO NOT WRITE IN THIS SPACE

04122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 82-0587078	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMBERSON, KRISTIN S
203 SABINE DR.
PENSACOLA BEACH, FL 32561**

**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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBERSON, KRISTIN 203 SABINE DR PENSACOLA BEACH, FL 32561
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBERSON, SCOTT 203 SABINE DR. PENSACOLA BEACH, FL 32561
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS 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: *Kristin Amberson* 4/16/06 8509347112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kristin Amberson