

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90207 032 \*\*\*\*50.00

DOCUMENT # L03000000717

1. Entity Name  
BELLE EPOQUE LLC



Principal Place of Business  
5505 DATIL PEPPER RD  
ST. AUGUSTINE, FL 32086

Mailing Address  
5505 DATIL PEPPER RD  
ST. AUGUSTINE, FL 32086

2. Principal Place of Business - No P.O. Box #  
5525 DATIL PEPPER Rd  
Suite, Apt. #, etc.

3. Mailing Address  
5525 DATIL Pepper Rd  
Suite, Apt. #, etc.

City & State  
ST AUGUSTINE - FL

City & State  
ST AUGUSTINE - FL

Zip Country  
32086 USA

Zip Country  
32086 USA

01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
03-0488292

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FERREOL, ROLAND MICHEL  
5505 DATIL PEPPER RD  
ST. AUGUSTINE, FL 32086

## 7. Name and Address of New Registered Agent

Name FERREOL Roland Michel  
Street Address (P.O. Box Number is Not Acceptable)  
5525 DATIL PEPPER Rd  
City ST - AUGUSTINE FL Zip Code 32086

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 Ferreol Roland Michel FERREOL DATE 01/07/07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FERREOL, ROLAND M  
STREET ADDRESS 5505 DATIL PEPPER RD.  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME FERREOL ROLAND M  
STREET ADDRESS 5525 DATIL PEPPER Rd  
CITY-ST-ZIP ST AUGUSTINE - FL 32086 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Ferreol Roland Michel FERREOL DATE 01/07/07 (904) 794-4037

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

Date Daytime Phone #