

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000002369

1. Entity Name
4TH OF JULY, LLC



Principal Place of Business

1110 WHITE STREET
KEY WEST, FL 33040

Mailing Address

1110 WHITE STREET
KEY WEST, FL 33040



03032006 No Chg-LLC

GR2EG83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2197438

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEESSEN, CHRISTINA
183 VENETIAN WAY
SUGARLOAF, FL 33042

**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, 2006**

110000478421

04/26/06 00005-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MATTHEESSEN, BRENT
STREET ADDRESS	1110 WHITE STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	MATTHEESSEN, CHRISTINA
STREET ADDRESS	1110 WHITE STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 806, Florida Statutes.

SIGNATURE:

Christina Mattheessen

3-20-06

(305) 294-8089

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

Date

Daytime Phone #