
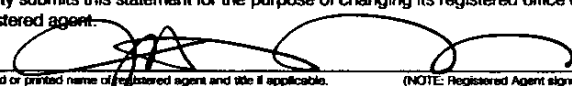



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90256 018 ****50.00

DOCUMENT # L03000012489 1. Entity Name SUGAR SAND REAL ESTATE SERVICES, LLC					
Principal Place of Business 100 SEASCAPE DR #7A DESTIN, FL 32550			Mailing Address 100 SEASCAPE DR #7A DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0127699	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550			7. Name and Address of New Registered Agent Name Joyce A. Tucker, CPA Street Address (P.O. Box Number is Not Acceptable) 1234 Airport Rd #118 City Destin FL Zip Code 32541		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 5-1-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 5-1-07 850-654-9235 <small>Date Daytime Phone #</small>		

60048030

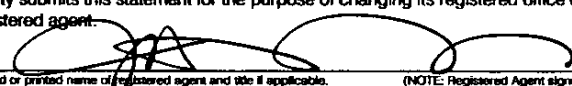


05012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0127699

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

7. Name and Address of New Registered Agent
 Name **Joyce A. Tucker, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
1234 Airport Rd #118
 City **Destin** **FL** Zip Code **32541**


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 **5-1-07**

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMARAY, WENDY SUE 130 S. GERONIMO DESTIN, FL 32550	<input type="checkbox"/> Delete	

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

DATE **5-1-07** **850-654-9235**
Date Daytime Phone #