

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90021 012 ****50.00

DOCUMENT # L03000015486

1. Entity Name
LADE, LLC



Principal Place of Business
**#5 LAGUNA STREET, UNIT 109
FT. WALTON BEACH, FL 32548**

Mailing Address
**#5 LAGUNA STREET, UNIT 109
FT. WALTON BEACH, FL 32548**

24052350



2. Principal Place of Business
7 Laguna St.

3. Mailing Address
7 Laguna St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 109

Unit 109

City & State

City & State

Ft. Walton Beach FL 32548

Ft. Walton Beach FL

Zip

Country

Zip

Country

32548

OKalusa

32548

OKalusa

04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number

Applied For

16-1664221

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREW & CREW, P.A.
25 BEAL PARKWAY NE, SUITE 210
FORT WALTON BEACH, FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DANJEAN, DANIEL
#5 LAGUNA STREET, UNIT 109
FT. WALTON BEACH, FL 32548** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**# 7 Laguna St. Unit 109
Ft. Walton Beach, FL 32548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DANJEAN, RAMONA
#5 LAGUNA STREET, UNIT 109
FT. WALTON BEACH, FL 32548** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**# 7 Laguna St. Unit 109
Ft. Walton Beach, FL 32548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Ramona Danjean

4-20-04 804-343-4141