

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-23-2004 90348 022 ****50.00

DOCUMENT # L03000016482 1. Entity Name PINCHING PENNY'S, L.L.C.			
Principal Place of Business 9300 HIGHWAY 98 WEST SANDESTIN, FL 32550		Mailing Address 9300 HIGHWAY 98 WEST SANDESTIN, FL 32550	
2. Principal Place of Business 1441 Baytowne Circle Suite, Apt. #, etc.		3. Mailing Address 1441 Baytowne Circle Suite, Apt. #, etc.	
City & State Destin, Florida		City & State Destin, Florida	
Zip 32550	Country	Zip 32550	Country
6. Name and Address of Current Registered Agent HELMICH, KEVIN M 4481 LEGENDARY DR., STE. 200 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
4. FEL Number 55-0830392			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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 _____ (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	MGR SMITH, BRADLEY SCOTT 1441 BAYTOWNE CIR. DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARY, CHARLES D 484 BAYSHORE DR. DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 608, Florida Statutes.			
SIGNATURE:		Date 3/8/04 Daytime Phone # 850-267-8716	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			