


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 028 ****50.00

DOCUMENT # L03000021222	
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1. Entity Name
357 11TH AVENUE SOUTH, LLC

Principal Place of Business 357 11TH AVE S JACKSONVILLE BEACH, FL 32250	Mailing Address 357 11TH AVE S JACKSONVILLE BEACH, FL 32250
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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



02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0039147	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DRAYTON, ALICE R MD 357 11TH AVE S JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name <u>Reed, Alice S MD</u> Street Address (P.O. Box Number is Not Acceptable) <u>357 11th Ave S</u> City <u>Jacksonville Bch</u> FL Zip Code <u>32250</u>
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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 Alice J Reed MD DATE 3/12/07
Signature, typed or printed name of registered agent and fee if applicable. (NOT Registered Agent signature required when reinstating)

**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 DRAYTON, ALICE R MD 357 11TH AVE JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Reed, Alice S MD 357 11th Ave S Sax Bch, FL 32250 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alice J Reed MD 3/12/07 9042496556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #