

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000021222

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



04222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0039147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REED, ALICE J MD  
357 11TH AVE S  
JACKSONVILLE BEACH, FL 32250

**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

*Alice J Reed* Alice Reed 4/22/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME REED, ALICE J MD  
STREET ADDRESS 357 11TH AVE SOUTH  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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U000000929736  
05/21/08-90083-004 138.75

**DO NOT WRITE  
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

*Alice J Reed* Alice Reed 4/22/08

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