

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 24, 2008 8:00 am
Secretary of State

DOCUMENT # L03000028356

1. Entity Name

BEAU BANDY, LLC



03-24-2008 90240 028 ***138.75

Principal Place of Business

3980 NORTH LAKE BLVD
WEST PALM BEACH FL 33403

Mailing Address

78 PRINCEWOOD LANE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

03-0525680

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BANDY, BEAU
78 PRINCEWOOD LANE
PALM BEACH GARDENS FL 33410

Name

JOHN MAROUSAS
78 PRINCEWOOD LANE

City

PALM BEACH GARDENS

FL

Zip Code

33410

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]

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE RA ☐ Delete
NAME BANDY, BEAU
STREET ADDRESS 78 PRINCEWOOD LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #

2.29.08 (561) 627 6969