## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## 用止思想。 Apr 26, 20073=08:00 AM Secretary of State DOCUMENT # L03000033673 1. Entity Name OCEAN MIST, LLC Principal Place of Business Mailing Address 1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308 1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FE! Number 27-0066773 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIMSLEY, GEORGE F Street Address (P.O. Box Number is Not Acceptable) 1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change Addition NAME GRIMSLEY, GEORGE F NAME U00000734716 STREET ADDRESS STREET ADDRESS 1708 METROPOLITAN BLVD. 05/10/07-80005-016 50.00 CITY - ST - ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change ☐ Delete DHE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP THE Delete THE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-\$1-719 CITY-ST-ZIP THLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone ∉