

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039815

1. Entity Name

PERFECT SET SURF SHOP, LLC



Principal Place of Business

**2593 MAYPORT RD
101
ATLANTIC BEACH, FL 32233 US**

Mailing Address

**2593 MAYPORT RD
101
ATLANTIC BEACH, FL 32233 US**



04242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0315133**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAX CO.
50 N. LAURA ST., STE. 3300
JACKSONVILLE, FL 32202**

**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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME HADLOW, BRYCE
STREET ADDRESS 114 SOUTH ST
CITY- ST- ZIP NEPTUNE BEACH, FL 32266**

**TITLE
NAME
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CITY- ST- ZIP**

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**U00000550515
05/13/06-80064-007 50.00**

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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 #

4/27/06

904-246 3007