

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90174 019 ***143.75

DOCUMENT # L03000042219

1. Entity Name
ANNABELLA'S, LLC



Principal Place of Business
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407 US

Mailing Address
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407 US

60025364



04012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0353676

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, FRANK JR.
1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOOD, FRANK JR.
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	WOOD, VALORIE
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGRM
NAME	WILBUR T. LEDMAN AS TRUSTEE OF THE WILBUR
STREET ADDRESS	3644 PRESERVE BLVD.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	MGRM
NAME	REED, MIKE
STREET ADDRESS	500 W. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	REED, MYRA
STREET ADDRESS	500 W. 19TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 it 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 #

4-1-2008