

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90044 020 ****50.00

DOCUMENT # L03000044156

1. Entity Name
FOUNDIT, L.L.C.



Principal Place of Business
600 GULF SHORE DR., STE. 605
DESTIN, FL 32541

Mailing Address
600 GULF SHORE DR., STE. 605
DESTIN, FL 32541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0851979

Applied For
Not Applicable

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

MATTHEWS, DANA C ESQ
MATTHEWS & HAWKINS, P.A.
607 HIGHWAY 98 EAST
DESTIN, FL 32541

Name Dana C. Matthews, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Matthews & Hawkins, P.A.
4475 Legendary Drive
City Destin FL Zip Code 32541

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 12, 2006
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME MATTHEWS, DANA C
STREET ADDRESS 4475 LEGENDARY DR.
CITY-ST-ZIP DESTIN, FL 32541

TITLE MGR ☒ Change ☐ Addition
NAME Bruce G. Witkind
STREET ADDRESS 600 Gulf Shore Dr., Ste 605
CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 12, 2006
Date

Daytime Phone #