

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000012266

1. Entity Name
INLET SUNRISE DEVELOPMENT, LLC



Principal Place of Business
19 OLD MISSION AVE.
ST. AUGUSTINE, FL 32084

Mailing Address
19 OLD MISSION AVE.
ST. AUGUSTINE, FL 32084



04042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, J. STEPHEN
19 OLD MISSION AVE.
ST. AUGUSTINE, FL 32084

**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]

(NOTE: Registered Agent signature required when reinstating)

4/4/08

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALEXANDER, J. STEPHEN
STREET ADDRESS	19 OLD MISSION AVE.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGRM
NAME	ALEXANDER, DAN R
STREET ADDRESS	61 CORDOVA ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGRM
NAME	MAISCH, JAN A
STREET ADDRESS	140 MUIRFIELD DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	ALEXANDER, MARK D
STREET ADDRESS	234 COQUINA AVE.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000891454
04/23/08-80027-001 138.75

**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 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

4/4/08

DATE

Daytime Phone #