

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 09, 2008 8:00 am
Secretary of State

03-17-2008 90258 003 ***138.75

DOCUMENT # L04000013170
1. Entity Name
3343 ATLANTIC AVENUE, LLC



Principal Place of Business Mailing Address
2900 S. ATLANTIC AVENUE P.O. BOX 7407
DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32116-7407

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
-COOK, DOUGLAS M.
2900 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

30003529
1st MOORE CR2E083 (10/07)
4. FEI Number 20-0908768 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and filed applicable NOTE: Registered Agent's signature is required when changing

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DOUGLAS M. P.O. BOX 7407 DAYTONA BEACH SHORES FL 32116-7407 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Douglas M Cook 4-7-08 386-547-5702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #