

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:19

DOCUMENT # L04000017586

1. Entity Name
THURMON ENTERPRISES, LLC



Principal Place of Business

~~140 BOTANY BAYOU~~
~~SANTA ROSA BEACH, FL 32459~~
4051 Drifting Sand Trail
Destin, FL 32541

Mailing Address

~~140 BOTANY BAYOU~~
~~SANTA ROSA BEACH, FL 32459~~
4051 Drifting Sand Tr.
Destin, FL 32541

DO NOT WRITE IN THIS SPACE

07062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0902291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THURMON, SHANE
~~140 BOTANY BAYOU~~
~~SANTA ROSA BEACH, FL 32459~~
4051 Drifting Sand Trail
Destin, FL 32541

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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

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THURMON, SHANE
STREET ADDRESS	140 BOTANY BAYOU
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459 } 4051 Drifting Sand Trail Destin, FL 32541
TITLE	MGR
NAME	THURMON, TIFFANY R
STREET ADDRESS	140 BOTANY BAYOU
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Tiffany Thurmon

9/11/06

850-
699-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #