

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018170

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** SURFSIDE BEACH SERVICE LLC

**Current Principal Place of Business:**

305 BARRACUDA AVENUE, UNIT A  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

39 LAURIE DRIVE NE  
FORT WALTON BEACH, FL 32548 US

**Current Mailing Address:**

305 BARRACUDA AVENUE, UNIT A  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

39 LAURIE DRIVE NE  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALMODOVAR, KEVIN  
305 BARRACUDA AVENUE, UNIT A  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

ALMODOVAR, KEVIN  
39 LAURIE DRIVE NE  
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE:

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALMODOVAR, KEVIN  
Address: 305 BARRACUDA AVENUE, UNIT A  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALMODOVAR, KEVIN  
Address: 39 LAURIE DRIVE NE  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN ALMODOVAR

MR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date