

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90050 004 ****50.00

DOCUMENT # L04000021577

1. Entity Name
PRINCESGATE LLC



Principal Place of Business
**P.O. BOX 33155
INDIALANTIC, FL 32903 US**

Mailing Address
**P.O. BOX 33155
INDIALANTIC, FL 32903 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**MCKUNE, VICTORIA
3330 POSEIDON WAY
INDIALANTIC, FL 32903**

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

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 7, 2005**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME MCKUNE, VICTORIA
STREET ADDRESS 3330 POSEIDON WAY
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE MGR ☒ Change ☐ Addition
NAME MCKUNE, VICTORIA
STREET ADDRESS P.O. BOX 33155
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE MGRM ☐ Delete
NAME BEREGI, YVAN
STREET ADDRESS 3330 POSEIDON WAY
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE MGRM ☒ Change ☐ Addition
NAME BEREGI, YVAN
STREET ADDRESS P.O. BOX 33155
CITY-ST-ZIP INDIALANTIC, FL 32903

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 exemption stated in Section 119.07(3)(i), 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:

Victoria McKune

5-03-05

321-246-0065

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

Date

Daytime Phone #