

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90031 021 ****50.00

DOCUMENT # L04000023227

1. Entity Name
LASSERRE FAMILY, LLC



Principal Place of Business
**3032 SOUTH 8TH STREET/ A1A
FERNANDINA BEACH, FL 32034**

Mailing Address
**P.O. BOX 653
FERNANDINA BEACH, FL 32034**

60000154



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

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0911524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LASSERRE, JON C
3032 SOUTH 8TH STREET A1A
FERNANDINA BEACH, FL 32034**

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

Jon C. Lasserre

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/07

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: LASSERRE, JON C ☐ Delete
STREET ADDRESS: 3032 SOUTH 8TH STREET/ A1A
CITY-ST-ZIP: FERNANDINA BEACH, FL 32034

TITLE: MGRM
NAME: LASSERRE, CHARLES N ☐ Delete
STREET ADDRESS: 130 SOUTH 7TH STREET
CITY-ST-ZIP: FERNANDINA BEACH, FL 32034

TITLE: MGRM
NAME: LASSERRE, KASIE A ☐ Delete
STREET ADDRESS: 2021 HIGHLAND DRIVE
CITY-ST-ZIP: FERNANDINA BEACH, FL 32034

TITLE: MGRM
NAME: LASSERRE, CURTISS J ☐ Delete
STREET ADDRESS: 2021 HIGHLAND DRIVE
CITY-ST-ZIP: FERNANDINA BEACH, FL 32034

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 2272 KOESTER DRIVE
CITY-ST-ZIP: HILLIARD, FL 32046

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 2272 KOESTER DRIVE
CITY-ST-ZIP: HILLIARD, FL 32046

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 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

Jon C. Lasserre

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

Date

Daytime Phone #

1/3/07 9042614066