

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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**



02012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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]
(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LASSERRE, JON C
STREET ADDRESS	3032 SOUTH 8TH STREET/ A1A
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	LASSERRE, CHARLES N
STREET ADDRESS	130 SOUTH 7TH STREET
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGRM
NAME	LASSERRE, KASIE A
STREET ADDRESS	2272 KOESTER DR
CITY - ST - ZIP	HILLIARD, FL 32046
TITLE	MGRM
NAME	LASSERRE, CURTISS J
STREET ADDRESS	2272 KOESTER DR
CITY - ST - ZIP	HILLIARD, FL 32046
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000812756
02/12/08-80062-010 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

2/1/08
Date

9042614066
Daytime Phone #