

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000033215

1. Entity Name
INTREPID INVESTMENTS, LLC



Principal Place of Business
12201 LYNDELL PLANTATION DRIVE
PANAMA CITY BEACH, FL 32407 US

Mailing Address
12201 LYNDELL PLANTATION DRIVE
PANAMA CITY BEACH, FL 32407 US



04012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1085833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVARD, BO
101 HARRISON AVENUE
PANAMA CITY, FL 32401

**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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SPARKS, NATHAN
STREET ADDRESS	21725 MARLIN AVENUE
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413
TITLE	MGRM
NAME	WINICKI, ANNE
STREET ADDRESS	12201 LYNDELL PLANTATION DRIVE
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400000033215
04/22/08-80011-013 138.75

**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:

Anne Winicki

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

4/8/08

Date

850-960-1179

Daytime Phone #