

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Name Changed forms mailed.

PENDING

03-14-2006 90198 011 *****50.00

FILE#08000036735

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 8:50



DOCUMENT # L04000036735

1. Entity Name
SURFE ROAD HOUSE LLC
SURF *Please delete E*



Principal Place of Business
PO BOX 189
PANACEA FL 32346

Mailing Address
PO BOX 189
PANACEA FL 32346

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

AS

1st MOORE CR2E083 (10/05)

4. FEI Number **AP-PLIED FOR**

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

6. Name and Address of Current Registered Agent
PETRANDES, ANGELO
22 MASHES SAND RD
PANACEA FL 32346

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 *Angelo Petrandis* **3/4/06**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETRANDES, ANGELO PO BOX 189 PANACEA FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Angelo Petrandis* **3/4/06** **984-5250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #