

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-12-2007 90483 001 ***100.00
L04000036735

07 FEB 12 PM 5:02

SEAL OF THE STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/06)

DOCUMENT # L04000036735 <i>THE WORD "SURF" IS SPILLED WITHOUT A TRACE</i>					
1. Entity Name SURFE ROAD HOUSE LLC				Principal Place of Business PO BOX 189 PANACEA FL 32346	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address PO BOX 189 PANACEA FL 32346	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETRANDS, ANGELO 22 MASHES SAND RD PANACEA FL 32346				7. Name and Address of New Registered Agent	
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 constitutes)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007				DATE	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PETRANDIS, ANGELO PO BOX 189 PANACEA FL 32346	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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 E. PETRANDIS <i>Angelo E. Petrandis</i>				2/1/07 251-7753(850)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE DAYTIME PHONE #	

* left message 2/26 on how to change name.

[Handwritten signature]