

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90325 001 ***150.00

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DOCUMENT # L04000041038 1. Entity Name THE OAK EMPORIUM, LLC					
Principal Place of Business 525 SR 16, SUITE 121 ST. AUGUSTINE, FL 32084			Mailing Address 525 SR 16, SUITE 121 ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box # 500 Beltz Outlet Blvd.			3. Mailing Address Suite, Apt. #, etc. Suite #320		
Suite, Apt. #, etc. Suite #320			Suite, Apt. #, etc. 04262007 Chg-LLC CR2E083 (12/06)		
City & State St. Augustine, FL			City & State 4. FEI Number 41-2139959		
Zip 32084		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BLVD. SUITE 2450 RIVERPLACE TOWER JACKSONVILLE, FL 32207-9037				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEAN, THOMAS J 14248 GARDEN MOSS CIRCLE NORTH JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500 Beltz Outlet Blvd. #320 St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	