

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90026 024 ****50.00

DOCUMENT # L04000042978

1. Entity Name
N8 7 9LP, L.L.C.



Principal Place of Business
201 INLET SHORES DRIVE
NEW SMYRNA BEACH, FL 32168

Mailing Address
201 INLET SHORES DRIVE
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business
2140 VILLA WAY

3. Mailing Address
2140 VILLA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW SMYRNA BEACH, FL

City & State
NEW SMYRNA BEACH, FL

03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1272379

Applied For
Not Applicable

Zip
32169

Country
USA

Zip
32169

Country
USA

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

6. Name and Address of Current Registered Agent

ZONA, WILLIAM N
201 INLET SHORES DRIVE
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name THEO G. MUNDELL

Street Address (P.O. Box Number is Not Acceptable)

2140 VILLA WAY

City NEW SMYRNA BEACH, FL Zip Code 32169

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 reinstating)

THEO G. MUNDELL

3/13/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME ZONA, WILLIAM N
STREET ADDRESS 201 INLET SHORES DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 ☒ Delete

TITLE MGRM
NAME MUNDELL, GEORGE THEO
STREET ADDRESS 2140 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

THEO G. MUNDELL

3/13/06

386-679-4813