

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90038 047 ****55.00

DOCUMENT # L04000044254

1. Entity Name
SUMMERVILLE AND O'NEAL LLC.



Principal Place of Business
**5399 E G30 A# 220
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**5399 E G30 A# 220
SANTA ROSA BEACH, FL 32459 US**



2. Principal Place of Business
4042 C30A
Suite, Apt. #, etc. **F**

3. Mailing Address
174 Waterscolor Way
Suite, Apt. #, etc. **332**

04202005 Chg-LLC CR2E083 (10/03)

City & State
SANTA ROSA Beach, FL

City & State
SANTA ROSA Beach, FL

Zip
32459

Country
USA

Zip
32459

Country
USA

4. FEI Number
20-1286878

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEAL, SHAWN
5399 E. C-30A #220
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name **Shawn O'Neal**

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

City **SANTA ROSA Beach** **FL** Zip Code **32459**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERVILLE, BERT 74 COURTYARD CIRCLE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEAL, SHAWN 67 BERMUDA DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

4/20/05 850-225-5944