2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 11, 2005 8:00 am Secretary of State

DOCUMENT # L04000052846 1. Entity Name FLORIDA SOCIALS, LLC						02-09-2005 90156 027 ****50.00
Principal Place of Business Mailing Address						
381 SANTA ROSA BLVD. C102 381 SANTA ROSA BLVD. C102 FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548					2 2548	
Principal Place of Business						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		·	1st MOORE CR2E083 (10/04)
City & State			- City & State	·		4 FEI Number 1715 to 46 Applied For Not Applied For
Zip	D Country		Zip	Cour	ıτy	Certificate of Status Desired
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent
COBB, STEPHEN G					Name	
381 SANTA ROSA BLVD. C102 FORT WALTON BEACH FL 32548					Street Address (P.O. Box Number is Not Acceptable)
					City Et Zip Code	
A The above named entity submits this statement for the surgess of changing the said						<u> </u>
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 neme of regrisered apart and title # applicable (NOTE Registered Again's ginature (sequired when remaining) DATE						
FILE NOW!!! FEE IS \$50.00						
Make Check Payable to Florida Department of State Due By May 1, 2005						
9. MANAGING MEMBERS/MANAGERS 10.					LA SA MANAGERA NOM	ADDITIONS/CHANGES
HILE NAME				THE	·	Change Addition
STREET ADDRESS	REET ADDRESS 381 SANTA ROSA BLVD. C102				ET ADDRESS	
CITY-ST-ZIP					-ST-21P	
MAKE			Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	[. STR		
CITY-ST-ZIP	-			-SI-ZIP		
TITLE NAME	☐ Delete ↑ 1111			☐ Change ☐ Addition		
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CITY-ST-7IP -	-				-SI-ZIP	
NAME			☐ Delete	NAN		Change Addition
STREET ADDRESS					ET ADORESS	
CITY-SI-ZIP	<u> </u>				-ST-ZIP	
TITLE NAME	1		Delete	TITL Nam		Change Addition
STREET ADDRESS					ET ADORESS	
CITY-SI-ZIP	ļ			CITY	-ST-2P	
TITLE NAME				TITL MAN		☐ Change ☐ Add:tion
STREET ADDRESS	■			ET ADDRESS		
CITY-ST-ZIP	<u>L</u>				-SI-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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: A 360-643-0992						