2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 06, 2005 8:00 am
Secretary of State

04-28-2005 90030 029 ****50.00

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04252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000058524

1. Entity Name
EAGLE'S ROOST, LLC

Principal Place of Business
30 SOUTH SHORE DRIVE ,
DESTIN, FL 32550 US

Mailing Address
30 SOUTH SHORE DRIVE
DESTIN, FL 32550 US

2. Principal Place of Business
543 Harbor Blvd Ste 501
Suite, Apt. #, etc.
City & State: Destin FL
Zip: 32541
Country:

3. Mailing Address
543 Harbor Blvd. Ste 501
Suite, Apt. #, etc.
City & State: Destin FL
Zip: 32541
Country:

4. FEI Number: Applied For / ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
CADENHEAD & ASSOCIATES, P.A.
30 SOUTH SHORE DRIVE
DESTIN, FL 32550

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 543 Harbor Blvd # 501
City: Destin FL Zip Code: 32541

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) 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	CADENHEAD, CHRIS E	30 SOUTH SHORE DRIVE	DESTIN, FL 32550	☐ Delete
MGRM	BURGESS, WILLIAM J	30 SOUTH SHORE DRIVE	DESTIN, FL 32550	☐ Delete
MGRM	MCCORMICK, MICHAEL	30 SOUTH SHORE DRIVE	DESTIN, FL 32550	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
		543 Harbor Blvd. #501	Destin FL 32541	☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ 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: Chris Cadenhead CHRIS CADENHEAD 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #