

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000063614

1. Entity Name
SAN SEBASTIAN RETAIL, LLC



Principal Place of Business
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202

Mailing Address
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1559626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRUNTHAL, LEONARD H III
45 WEST BAY STG
SUITE 203
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910878
05/07/08-80018-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUETH, WILLIAM F JR 45 WEST BAY ST, SUITE 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUNTHAL, LEONARD H III 45 WEST BAY ST, SUITE 203 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELO, MARC C 45 WEST BAY ST, SUITE 203 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTZ, JOHN R 118 WEST ADAMWS STREET, 6TH FLOOR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Leonard H. Grunthal III

03/06/08

Date

904-356-1060

Daytime Phone #