

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90270 031 ***138.75

DOCUMENT # L04000063842

1. Entity Name
SURFSIDE INVESTMENT LLC



Principal Place of Business
**7608 SILVER SANDS DR.
WEST MELBOURNE, FL 32904**

Mailing Address
**7608 SILVER SANDS DR.
WEST MELBOURNE, FL 32904**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-LLC CR2E083 (12/06)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3201976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIMALDI, JEFFREY
1650 SOUTHWEST CAISOR AVE
PORT ST. LUCIE, FL 34953**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GRIMALDI, JEFFREY
STREET ADDRESS 1650 SOUTHWEST CAISOR AVE.
CITY-ST-ZIP PORT ST. LUCIE, FL 32943

TITLE MGR ☐ Delete
NAME OSMUN, WILLIAM
STREET ADDRESS 207 LOGGERHEAD DR.
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE MGR ☐ Delete
NAME BULLERS, JACK
STREET ADDRESS 501 WINTER GARDEN PARKWAY
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE MGR ☒ Change ☐ Addition
NAME Bullers, Jack
STREET ADDRESS 5501 Winter Garden Pkwy
CITY-ST-ZIP Fort Pierce FL 34951

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

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

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

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 #

3/11/08

321-951-1716