

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000064118

1. Entity Name
SUGAR SHACK, LLC



Principal Place of Business
**P O BOX 70995
ALBANY, GA 31708**

Mailing Address
**P O BOX 70995
ALBANY, GA 31708**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1547309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLLOWAY, JAMES B JR.
144 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIS, W. B
STREET ADDRESS	P. O. BOX 70995
CITY-STATE-ZIP	ALBANY, GA 31708
TITLE	MGRM
NAME	DUTTON, ROBERT M
STREET ADDRESS	P.O. BOX 70995
CITY-STATE-ZIP	ALBANY, GA 31708
TITLE	MGRM
NAME	HOLLOWAY, JAMES B JR.
STREET ADDRESS	144 EMERALD RIDGE
CITY-STATE-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	STAFFORD, RICHARD E
STREET ADDRESS	3812 W CO HWY 30-A
CITY-STATE-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/05/07-80005-007 50.00

**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: Cheri S. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/3/07 229-439-1837