

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000068548

1. Entity Name
HOLLY'S BEACH HAVEN, LLC



Principal Place of Business
535 HOLLY ROAD
VERO BEACH, FL 32963 US

Mailing Address
2214 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

BK

FILED
2006 MAY -2 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1771845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARLOW, MALAIKA C ESQ.
2214 KILLARNEY WAY
TALLAHASSEE, FL 32309

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARLOW CONSULTING
2214 KILLARNEY WAY
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BARLOW, MALAIKA C ESQ.
2214 KILLARNEY WAY
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900074668179
05/16/06--01036--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:

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

5/1/06

Date

Daytime Phone #