

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000071661

1. Entity Name
JOHN M. SULLIVAN, LLC



Principal Place of Business
110 BISCAYNE DRIVE
PANAMA CITY BEACH, FL 32413

Mailing Address
110 BISCAYNE DRIVE
PANAMA CITY BEACH, FL 32413

FILED
Apr 25, 2007 08:00 A
Secretary of State



04032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5599537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN M
110 BISCAYNE DRIVE
PANAMA CITY BEACH, FL 32413

**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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/07

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

U00000728999
05/08/07-80021-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JOHN M 110 BISCAYNE DRIVE PANAMA CITY BEACH, FL 32413
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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

Date

Daytime Phone #

4/3/07

850-249-2657