

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072167**

1. Entity Name  
LAGRANGE, L.L.C.



Principal Place of Business

909 MAR WALT DR  
STE 1014  
FORT WALTON BEACH, FL 32547

Mailing Address

909 MAR WALT DR  
STE 1014  
FORT WALTON BEACH, FL 32547



03262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2091687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERMANN, RICHARD P  
909 MAR WALT DR, STE 1014  
FORT WALTON BEACH, FL 32547

**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          | MGR                         |
| NAME           | PETERMANN, RICHARD P        |
| STREET ADDRESS | 909 MAR WALT DR, STE 1014   |
| CITY-ST-ZIP    | FORT WALTON BEACH, FL 32547 |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

U000000631757  
04/13/07-80023-016 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

Date

Daytime Phone #

850-863-4064