

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000073337

1. Entity Name

WWW.LOVEPALMCOAST, LLC



FILED
Jun 19, 2008 08:00 AM
Secretary of State



Principal Place of Business

29 COLECHESTER LANE
PALM COAST FL 32137

Mailing Address

29 COLECHESTER LANE
PALM COAST FL 32137

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/08)

4. FEI Number

20-1705925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDIDO, JANINE
29 COLECHESTER LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Janine Bickford

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 \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
CANDIDO, JANINE
29 COLECHESTER LANE
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
U00000953236
06/19/08-80001-001 138.75

TITLE
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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 #

Janine Bickford

6/16/08

3869869540