

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90431 028 ****50.00

DOCUMENT # L04000074023

1. Entity Name
CERULLEAN, LLC



Principal Place of Business
**785 WESTERN LAKE DRIVE
SEAGROVE BEACH, FL 32459 US**

Mailing Address
**111 TROUT LILY LANE
SUNSET, SC 29685 US**

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

3. Mailing Address

111 East McBee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#601

03252007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

Greenville, SC

4. FEI Number

20-1737415

Applied For

Not Applicable

Zip

Country

Zip

Country

29601

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHINSON, LARRY
785 WESTERN LAKE DRIVE
SEAGROVE BEACH, FL 32459**

Name

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
W III & H, LP, LARRY HUTCHINSON-GEN PARTNER
111 TROUT LILY LANE
SUNSET, SC 29685**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
W III & H, LP, Larry Hutchinson - gen partner
111 East McBee Ave #601
Greenville, SC 29601**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

LARRY J. HUTCHINSON

3/29/07

Date

Daytime Phone #