

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 27 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000077936 1. Entity Name MULLET, L.L.C.					
Principal Place of Business 407 E. KING STREET QUINCY, FL 32351			Mailing Address 407 E. KING STREET QUINCY, FL 32351		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address P.O. Box 378 Suite, Apt. #, etc.		
City & State MIAMI FL			4. FEI Number 57-1213946		
Zip 32343			Country CADSDEN		
6. Name and Address of Current Registered Agent DAWS, SONYA K 3116 CAPITAL CIRCLE, N.E., SUITE 5 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUBER, GREG 407 E KING STREET QUINCY, FL 32351	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	