

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000078496

1. Entity Name
ISAAC ENTERPRISES LLC



Principal Place of Business
240 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459

Mailing Address
240 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
30-0280224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBSTER, JOHN P
240 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459

**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

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEBSTER, JOHN P
240 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEAVER, CHARLES P
4510 RAINWOOD AVE.
NORTHPORT, AL 35475

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000353865
09/18/08-80003-001 538.75

**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

9-10-08

Date

850-622-1780

Daytime Phone #