## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000082081** 04-27-2005 90035 041 \*\*\*\*50.00 1. Entity Name INSTANT, LLC Principal Place of Business Mailing Address **408 MCCOLLUM CIRCLE** 408 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State 20-1920207 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDDY, EDITH D Street Address (P.O. Box Number is Not Acceptable) 408 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266 Zip Code City FL 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Addition Addition TITLE ☐ Delete TITLE ÞΣ ☐ Change EDITH D. EDDY NAME NAME STREET ADDRESS STREET ADDRESS DE MCCULLIM CIRCLE VEPTUNE BCH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE CRAIG E. EDDY NAME NAME STREET ADDRESS STREET ADDRESS 408 Mc CULLUM CIRCLE 266 NEDTUNE BCM, FL 32266 Change CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED**