

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90047 001 \*\*\*416.25

**DOCUMENT # L04000083546**

1. Entity Name  
LA DOLCE VITA, LLC



Principal Place of Business  
15400 EMERALD COAST PARKWAY  
ST. THOMAS BUILDING, SUITE 206  
DESTIN, FL 32550

Mailing Address  
15400 EMERALD COAST PARKWAY  
ST. THOMAS BUILDING, SUITE 206  
DESTIN, FL 32550

30010334



07142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1892386	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARLIN, DONALD D  
15400 EMERALD COAST PARKWAY  
SUITE 206  
DESTIN, FL 32541

**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 \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CARLIN, AMY
STREET ADDRESS	15400 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32459

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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

7.21.08

Date

Daytime Phone # \_\_\_\_\_