2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000092637

1. Entity Name DEW DROP INN, L.L.C.

Principal Place of Business

Mailing Address

108 EGLIN PKWY SE

FORT WALTON BEACH, FL 32548

108 EGLIN PKWY SE

FORT WALTON BEACH, FL 32548

FILED Apr 30, 2008 08:00 AN Secretary of State



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2530957

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEAD, JOHN 24 WALTER MARTIN RD. FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

₿.	. 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)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCKMAN, KEITH Ł 108 EGLIN PKWY SE FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		
11. I hereby certify that the information supplied with this filling does not qualify for the ex-		

DO NOT WRIT IN THIS SPACE

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE