

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90189 047 ***138.75

DOCUMENT # L05000010848



1. Entity Name
PIER RESORT CONDOMINIUM, LLC

Principal Place of Business
**104 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901**

Mailing Address
**PO BOX 536
MELBOURNE, FL 32902-0536**

2. Principal Place of Business - No P.O. Box #
823 E. Strawbridge Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 536
Suite, Apt. #, etc.



04282008 Chg-LLC CR2E083 (12/06)

City & State
Melbourne, FL
Zip
32901
Country
Brevard

City & State
Melbourne, FL
Zip
32902
Country
Brevard

4. FEI Number
20-3055431
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GILLILAND, JOY J
104 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent
Name
823 E. Strawbridge Ave.
Street Address (P.O. Box Number is Not Acceptable)
Melbourne **FL** Zip Code **32901**

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 valid if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/08
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
GILLILAND, JOY J
104 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**823 E. Strawbridge Ave.
Melbourne, FL 32901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/08
Date

Daytime Phone #