

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

07-13-2006 90080 041 ****50.00

DOCUMENT # L05000023733 1. Entity Name SANDSHAKER LOUNGE & PACKAGE STORE, L.L.C.					
Principal Place of Business 1203 MADONADO DRIVE PENSACOLA BEACH, FL 32561			Mailing Address 1203 MADONADO DRIVE PENSACOLA BEACH, FL 32561		
2. Principal Place of Business 731 Pensacola Beach Blvd		3. Mailing Address 731 Pensacola Beach Blvd.			
Suite, Apt. #, etc. #		Suite, Apt. #, etc. 		07082006 Chg-LLC CR2E083 (11/05)	
City & State Pensacola Beach, FL		City & State Pensacola Beach, FL		4. FEI Number 20-2475291	
Zip 32561		Country Escambia		5. Certificate of Status Desired ☐ \$5.00 Additional -Fee Required-	
6. Name and Address of Current Registered Agent Boswell BOWESTL, BEVERLY 1203 MADONADO DRIVE PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name Beverly Boswell Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 			
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 Beverly Boswell, Member DATE 7/8/06 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Beverly Boswell			7/8/06 (PSU) 324-0815		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		