

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000026855

1. Entity Name
MELAMPUS, PENELOPE & JUNO, L.L.C.



Principal Place of Business
**C/O JILL GINIGER
5922 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**C/O JILL GINIGER
5922 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**



04302007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0736828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUTTON, PAMELA D ESQ.
118 EAST FOURTH STREET
PANAMA CITY, FL 32401**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000757601
05/23/07-80078-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUTTON, PAMELA D
STREET ADDRESS	118 EAST FOURTH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	MGRM
NAME	GINIGER, JILL
STREET ADDRESS	5922 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	MGRM
NAME	KEENER, MARK
STREET ADDRESS	400 PENNY LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jill Kringer
4/30/07

Date

Daytime Phone # _____