

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

02-23-2007 90209 015 ****50.00

DOCUMENT # L05000034440 1. Entity Name MINNIDA, LLC					
Principal Place of Business 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957			Mailing Address 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3144532	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, JOSEPH 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BURNS, JOSEPH 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957		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 Section 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: <u>Joseph M Burns Managing Member</u>			Date: <u>3/20/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone: <u>239-410-7510</u>		