

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90301 022 ****50.00

DOCUMENT # L05000038921

1. Entity Name

2900 SOUTH ATLANTIC, LLC



Principal Place of Business

Mailing Address

~~315 N. ATLANTIC AVENUE~~
DAYTONA BEACH, FL 32118

~~315 N. ATLANTIC AVENUE~~
DAYTONA BEACH, FL 32118

Shores

P.O. Box 74
Daytona Beach Shores, FL 32116



2. Principal Place of Business - No P.O. Box #

2900 S. Atlantic Ave.

3. Mailing Address

P.O. Box 7407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daytona Beach Shores

1st MOORE

CR2E083 (10/06)

City & State

City & State

Daytona Beach Shores, FL FL

Zip
32118

Country

Zip

32116

Country

4. FEI Number

20-2866875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GORTO, L.A. JR~~
~~149 S RIDGEWOOD AVENUE STE 550~~
~~DAYTONA BEACH FL 32114~~

Name
Douglas M. Cook

Street Address (P.O. Box Number is Not Acceptable)

2900 S. Atlantic Ave.

City

Daytona Beach Shores FL

Zip Code

32118

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]

2-7-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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 COOK, DOUGLAS M. 315 N ATLANTIC AVE DAYTONA BEACH FL 32118 Shores	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ANDERSON, GEORGE D 315 N ATLANTIC AVE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY ST ZIP	COOK, DOUGLAS M. 2900 S. Atlantic Ave. Daytona Beach Shores, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

1/31/07 386-760-4405

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

Date

Daytime Phone #