

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073506	
1. Entity Name BIG FINISH, LLC	
Principal Place of Business 2210 ESCAMBIA AVE PENSACOLA, FL 32503	Mailing Address 2210 ESCAMBIA AVE PENSACOLA, FL 32503



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2527071	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GLICKMAN, AMANDA L 2210 ESCAMBIA AVE PENSACOLA, FL 32503

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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**

U00000620922
02/09/07-80057-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLICKMAN, AMANDA L 2210 ESCAMBIA AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLICKMAN, JEFFREY L 2210 ESCAMBIA AVE PENSACOLA, FL 32503
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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: Amanda Glickman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1-07 850-438-5859
Date Daytime Phone #