

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2006 90129 003 ****50.00

DOCUMENT # L05000083348

1. Entity Name
BAREFOOT DAYS, LLC



Principal Place of Business
**3008 BAY VILLAS DR
DESTIN, FL 32550**

Mailing Address
**3008 BAY VILLAS DR
DESTIN, FL 32550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3345397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAVID J
3008 BAY VILLAS DRIVE
DESTIN, FL 32550**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MILLER, SONIA S
3008 BAY VILLAS DRIVE
DESTIN, FL 32550**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SESSUM, SONIA M
407 WOODLAND BAYOU DR
SANTA ROSA BEACH, FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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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:

Sonia S. Miller

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

3-28-06

850-622-1696

Date

Daytime Phone #