

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088609

1. Entity Name  
739 FENTRESS BLVD, LLC



Principal Place of Business

100 LACOSTA LANE  
140  
DAYTONA BEACH, FL 32114 US

Mailing Address

100 LACOSTA LANE  
140  
DAYTONA BEACH, FL 32114 US

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**



03202008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3934128	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, SUSAN B CPA  
100 LACOSTA LANE  
140  
DAYTONA BEACH, FL 32114

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000896604  
04/25/08-80014-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLASS, THOMAS G 100 LACOSTA LANE #140 DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANAGGIO, MICHAEL J 2441 BELLEVUE AVENUE DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTHER, MICHAEL J 2441 BELLEVUE AVENUE DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 608, Florida Statutes.

**SIGNATURE:**

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

4/9/08

Date

386 274-1422

Daytime Phone #