2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED Feb 14, 2007 08:00 All Secretary of State DOCUMENT # L05000105704, 1. Entity Name SEA TO SEA, LLC Principal Place of Business Mailing Address 4801-37TH STREET SOUTH 4801-37TH STREET SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apl. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 11-3777848 Not Applicable Ζιρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSEL C. TULLIUS, LLC Street Address (P.O. Box Number is Not Acceptable) 629 N. PENINSULA DRIVE DAYTONA BEACH FL 32118 Zip Codo 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. Signature, typed or printed name of registered agent and title 4 applicable. (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Delete 019. Change Addition THEF **MGRM** NAME. U00000636143 NAMI LEHMAN, JOSEPH STHEET ADDRESS 02/28/07-80004-022 50.00 STREET LADDRESS 4801-37TH STREET SOUTH CITY - ST- ZIP CHY-ST-ZP ST. PETERSBURG FL 33711 Addition Change ☐ Delete THUE THILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-ST-ZIP Change Addition ☐ Delete mu NAMI: NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-31-71P ☐ Change Addition Delete 11111 THILE NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-SI-7IP ☐ Change Addition Delete HILE uu NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP 1011. ☐ Change Addition ☐ Delete MILL NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP 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 logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trystice empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE