

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90232 043 ***138.75

DOCUMENT # L05000107086



1. Entity Name
2400 MANAGEMENT, LLC

Principal Place of Business
5111 RIDGEWOOD AVENUE, SUITE 300
PORT ORANGE, FL 32127

Mailing Address
P.O. BOX 238071
PORT ORANGE, FL 32123

00010400

(L05000107086C)

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

3. Mailing Address
5111 South Ridgewood Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 300

01112008 Chg -LLC CR2E083 (12/06)

City & State

City & State
Port Orange, Florida

4. FEI Number
20-4507317

Applied For
Not Applicable

Zip

Country

Zip

32127

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW
5111 RIDGEWOOD AVENUE, SUITE 300
PORT ORANGE, FL 32127

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 reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME CLARK, D. ANDREW
STREET ADDRESS 5111 RIDGEWOOD AVENUE, SUITE 300
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #