

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90050 030 \*\*\*\*50.00

**DOCUMENT # L05000109113**

1. Entity Name  
**SUMMER REIGN ENTERPRISES LLC**



Principal Place of Business  
**122 MARKELLA RD NW  
FORT WALTON BEACH, FL 32548 US**

Mailing Address  
**122 MARKELLA RD NW  
FORT WALTON BEACH, FL 32548 US**

**20002011**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01092006 Chg-LLC CR2E083 (11/05)

City & State  
Zip Country

4. FEI Number  
**20-4060877**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, DEVRIN  
122 MARKELLA RD NW  
FORT WALTO BEACH, FL 32548**

**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 *Devrin Hernandez* DATE 1/19/06  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME **HERNANDEZ, DEVRIN**  
STREET ADDRESS **122 MARKELLA RD NW**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE MGRM ☒ Delete  
NAME **OCHOA, JAVIER**  
STREET ADDRESS **122 MARKELLA RD NW**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE MGRM ☒ Delete  
NAME **BELCHER, BASIL L**  
STREET ADDRESS **3109 HARPER DR**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE MGRM ☐ Delete  
NAME **Capossere, Alexander**  
STREET ADDRESS **122 Markella Rd NW**  
CITY-ST-ZIP **Fort Walton Beach FL 32548**

TITLE ☐ Delete  
NAME  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Devrin Hernandez* Date 1/19/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE