

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90200 010 ****50.00

DOCUMENT # L05000110512 1. Entity Name MY LEMONADE STAND, LLC					
Principal Place of Business 288 PARK AVENUE NORTH WINTER PARK, FL 32789			Mailing Address 288 PARK AVENUE NORTH WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 2180 Park Ave. North		3. Mailing Address 2180 Park Ave. North			
Suite, Apt. #, etc. Bldg. 100		Suite, Apt. #, etc. Bldg. 100			
City & State Winter Park, FL		City & State Winter Park, FL			
Zip 32789		Country USA		Zip 32789	
Country USA		Country USA			
6. Name and Address of Current Registered Agent AIKIN, WENDY 288 PARK AVENUE NORTH WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIKIN, WENDY 288 PARK AVENUE NORTH WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 Park Ave. North, Bldg. 100 Winter Park, FL 32789-2358 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 3-22-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 407-644-4040		

60029341



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3794408
Applied For
Not Applicable

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