

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

07 APR 27 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000113818

1. Entity Name  
THE DOWNUNDER, LLC.



Principal Place of Business  
2020 W. PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304

Mailing Address  
PO BOX 2535  
TALLAHASSEE, FL 32316-2535

BK



01252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3852087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SAULS, JAMES  
2020 W PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
LEONI, STEVEN M  
PO BOX 2535  
TALLAHASSEE, FL 32316

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
SAULS, JAMES S  
PO BOX 2535  
TALLAHASSEE, FL 32316

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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05/07/07--01006--001 \*\*50.00

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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

Date

Daytime Phone #

4/16/07 850-580-3131