

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90034 039 ****50.00

DOCUMENT # L06000017275

1. Entity Name

HOLMES BEACH SERVICE, LLC



Principal Place of Business

5333 GULF DRIVE
HOLMES BEACH FL 34217
US

Mailing Address

5333 GULF DRIVE
HOLMES BEACH FL 34217
US



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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-4317957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

SNYDER, RYAN L -
8784 SR 70 EAST
SUITE 102
BRADENTON FL 34202

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGRM VANDE VREDE, BRET
STREET ADDRESS
5333 GULF DRIVE
CITY ST ZIP
HOLMES BEACH FL 34217 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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 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

Bret Vandevrede

1-23-07

941-779-0487

Date

Daytime Phone #