

ANNUAL REPORT (AR)

DOCUMENT # L06000023205

1. Entity Name

LIFESTYLE SOLUTIONS TRANSPORTATION, LLC



SEC
DIVIS

07 OCT 16 PM 3:43

Principal Place of Business

2845 PEBBLE BEACH DRIVE
NAVARRE FL 32566

Mailing Address

2845 PEBBLE BEACH DRIVE
NAVARRE FL 32566

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

3. Mailing Address

POST OFFICE Box 887

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

PENSACOLA FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32591

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DAVID G ESQUIRE
204 CHURCH STREET EAST
PENSACOLA FL 32501

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 registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Jeanne Pullum
2845 Pebble Beach Drive
Navarre, Florida 32566 ☐ Delete

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

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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

2/19/07 850-939-5838
Date Daytime Phone #