

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90019 020 ***138.75

DOCUMENT # L06000026377

1. Entity Name
LANG ROAD PARTNERS, LLC



Principal Place of Business
**206 GIRARD AVE NW
FORT WALTON BEACH, FL 32548**

Mailing Address
**206 GIRARD AVE NW
FORT WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4495074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZUPPA, JOSEPH M
#1 ISLAND VIEW DRIVE
MARY ESTHER, FL 32569**

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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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STONE, BRIAN A
208 GIRARD AVE NW
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, KENNETH R
34 CINDERELA LANE
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZUPPA, JOSEPH M
#1 ISLAND VIEW DRIVE
MARY ESTHER, FL 32569**

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CITY-ST-ZIP

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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: *Brian A Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/08 (850) 664-7557