

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90078 007 ****50.00

DOCUMENT # L06000030060

1. Entity Name
SANCTITY ENTERPRISES LLC



Principal Place of Business
**127 REED STREET
ASHEVILLE, NC 28803**

Mailing Address
**183 MADISON AVE., PH
NEW YORK, NY 10016**

60053201



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

127 REED STREET

3. Mailing Address

183 MADISON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH

07162007 Chg-LLC CR2E083 (12/06)

City & State

ASHEVILLE, NC

City & State

NEW YORK, NY

4. FEI Number

20-4542755

Applied For

☒ Not Applicable

Zip

28803

Country

USA

Zip

10016

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 **CORPORATION SERVICE COMPANY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/16/07

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LONDON, JEREMY L
127 REED STREET
ASHEVILLE, NC 28803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CHILDRESS, ZEFFERY A
851 CASCADE LAKE ROAD
PISGAH FOREST, NC 28768** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MACEACHERN, JARED C
55 DAWNWOOD CIRCLE
ASHEVILLE, NC 28803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOODY, WILLIAM A
35 ST. ANDREWS ROAD
ARDEN, NC 28704** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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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:

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

7/16/07

Date

Daytime Phone #

212-684-5103