

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000034362

1. Entity Name

D R & ASSOCIATES OF SANTA ROSA BEACH, LLC



FILED
SECRETARY OF
DIVISION OF CORPORATIONS

09 MAY -1 AM 11:36

Principal Place of Business

502 W. HARBORVIEW ROAD
SANTA ROSA BEACH, FL 32459

Mailing Address

502 W. HARBORVIEW ROAD
SANTA ROSA BEACH, FL 32459



03292008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LALUMANDIER, DOUG
502 W. HARBORVIEW ROAD
SANTA ROSA BEACH, FL 32459

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LALUMANDIER, DOUG
STREET ADDRESS	502 W. HARBORVIEW ROAD
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459

TITLE	
NAME	
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CITY-ST-ZIP	

800156513938
05/28/09--01020--018 **138.75

**DO NOT WRITE
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 #