

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90200 044 ****50.00

DOCUMENT # L06000035840 1. Entity Name 1229 MAIN STREET, LLC					
Principal Place of Business 2275 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266			Mailing Address 2275 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number 20-4465939	
MARY C. SORRELL, P.A. 2275 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
				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 _____ (NOTE: Registered Agent signature required when reissuing) 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	MGRM HIONIDES, CHRIS 2275 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CAMPBELL, ERIC 2275 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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: Chris Hionides 2/1/07 904/241-1501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					