

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90013 050 \*\*\*\*50.00

**DOCUMENT # L06000047652**

1. Entity Name  
**TOO FRIENDS, LLC**



Principal Place of Business  
**1797 BRIDGEPORT COLONY LANE  
FORT WALTON BEACH, FL 32547**

Mailing Address  
**1797 BRIDGEPORT COLONY LANE  
FORT WALTON BEACH, FL 32547**

**60054301**



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

**Same**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08062007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-4837899**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HIPSH, WHITNEY L  
1104 EGLIN PARKWAY  
SHALIMAR, FL 32579**

7. Name and Address of New Registered Agent

Name  
**Linda Randles**

Street Address (P.O. Box Number is Not Acceptable)

**1797 Bridgeport Colony Lane**

City

**Fort Walton Beach**

**FL**

Zip Code

**32547**

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 **Linda Randles** **Linda Randles/Mgr Partner**

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

(NOTE: Registered Agent Signature required when reinstating)

**8-6-07**

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **RANDES, LINDA S**  
STREET ADDRESS **1797 BRIDGEPORT COLONY LANE**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **MGR** ☐ Delete  
NAME **HUDSPETH, REBA L**  
STREET ADDRESS **1797 BRIDGEPORT COLONY LANE**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 **Linda S Randles**

**8-6-07**