

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055882

FILED
Apr 30, 2008
Secretary of State

Entity Name: RESTIN' MON LLC

Current Principal Place of Business:

12250 SCHOONER LN SW
MOORE HAVEN, FL 33471

New Principal Place of Business:

7013 SHRIMP ROAD
KEY WEST, FL 33040

Current Mailing Address:

12250 SCHOONER LN SW
MOORE HAVEN, FL 33471

New Mailing Address:

PO BOX 2551
KEY WEST, FL 33045

FEI Number: 20-4959008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUD, CHRISTOPHER C
150 SOUTH MAIN ST
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

BOIMAN, AIMEE E MGRM
1013 SCHOONER LANE
MOORE HAVEN, FL 33471 US

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.

SIGNATURE: AIMEE E BOIMAN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, DAVID
Address: 3150 RIVERVIEW DR SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: MGRM () Delete
Name: BOIMAN, AIMEE
Address: 3150 RIVERVIEW DR SW
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, DAVID
Address: 1013 SCHOONER LANE
City-St-Zip: MOORE HAVEN, FL 33471

Title: MGRM (X) Change () Addition
Name: BOIMAN, AIMEE
Address: 1013 SCHOONER LANE
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AIMEE E BOIMAN

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date