

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000061682

1. Entity Name
SANS SOUCI, LLC



Principal Place of Business
**6874 COUNTY ROAD 736
CENTER HILL, FL 33514 US**

Mailing Address
**PO BOX 555
WEBSTER, FL 33597 US**



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5110380

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZAK, PAUL M II
6874 COUNTY ROAD 736
CENTER HILL, FL 33597**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MAZAK, PAUL M II
6874 COUNTY ROAD 736
CENTER HILL, FL 33514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MAZAK, REBA Y
6874 COUNTY ROAD 736
CENTER HILL, FL 33514**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SEWELL, JOHN F
729 ASHBY DRIVE SOUTH
UVALDE, TX 78801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SEWELL, PATRICIA A
729 ASHBY DRIVE SOUTH
UVALDE, TX 78801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000832805
02/27/08-80075-003 138.75

**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 #

Paul Mazak II

2/14/08