

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90084 020 ****50.00

DOCUMENT # L06000068897

1. Entity Name
SUDAL COMMERCIAL REAL ESTATE SERVICES, LLC



Principal Place of Business
**P.O. BOX 1263
FLAGLER BEACH, FL 32136 US**

Mailing Address
**P.O. BOX 1263
FLAGLER BEACH, FL 32136 US**



2. Principal Place of Business - No P.O. Box #
1231 15TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01182007 Chg-LLC CR2E083 (12/06)

City & State **MIAMI BEACH, FL**
ATLANTA, GA

Zip **33139** Country **USA**

City & State
Zip Country

4. FEI Number
20-5257961

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **WHITTLE, RON**
STREET ADDRESS **P.O. BOX 1263**
CITY- ST- ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Add
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NAME
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #