2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State
05-04-2007 90306 049 ****50.00

DOCUMENT # L06000069117

1. Entity Name
ETATSE LLC

Principal Place of Business	Mailing Address
2623 SW CONCH COVE LANE PALM CITY FL 34990	2623 SW CONCH COVE LANE PALM CITY FL 34990

1st MOORE CR2E083 (10/06)

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

4. FEI Number 14-1970366 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OXMAN, REBECCA L
2623 SW CONCH COVE LANE
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name Rebecca L. Oxman
Street Address (P.O. Box Number is Not Acceptable) 2623 SW Conch Cove Lane
~~Palm City FL~~
City Palm City **FL** Zip Code 34990

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 Rebecca L. Oxman Rebecca L. Oxman 4/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OXMAN, REBECCA L 2623 SW CONCH COVE LANE PALM CITY FL 34990	☐ 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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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: Rebecca L. Oxman, MGRM Rebecca L. Oxman 4/06/07 (772)634-0932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

. ATTACHMENT
30009896
#L0600006917

I just Realized after reading the back, I did not need to do block 7 & 8.
Sorry all is the same.
Call - 772-634-0932
if any problems.
Thanks
Rebecca Osman