


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90043 050 \*\*\*138.75

<b>DOCUMENT # L06000077222</b> 1. Entity Name <b>TRES NADIES LLC</b>					
Principal Place of Business <b>230 VISTA GRANDE DR PONTE VEDRA BEACH, FL 32082 US</b>			Mailing Address <b>932 GRIST MILL CT PONTE VEDRA BEACH, FL 32082 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>932 West Grist mill Ct.</b> Suite, Apt. #, etc. City & State <b>Ponte Vedra Beach FL</b> Zip Country <b>32082</b>			
6. Name and Address of Current Registered Agent <b>SHOULTS, NICHOLAS B 932 GRIST MILL CT PONTE VEDRA BEACH, FL 32082</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>932 West Grist mill Ct</b> City <b>Ponte Vedra Beach FL</b> Zip Code <b>32082</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMPSON, MARLON D 230 VISTA GRANDE DR PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHOULTS, NICHOLAS B 932 GRIST MILL CT PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>932 West Grist mill Court Ponte Vedra Beach FL 32082</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOZIER, PAUL E III 764 S LILAC LOOP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

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01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5328282** Applied For ☐ Not Applicable ☐

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