

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90200 045 ****50.00



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000082867 1. Entity Name 1100 MAIN STREET, LLC					
Principal Place of Business 2275 ATLANTIC BLVD., SUITE 1100 NEPTUNE BEACH FL 32266			Mailing Address 2275 ATLANTIC BLVD., SUITE 1100 NEPTUNE BEACH FL 32266		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5428070	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SORRELL, MARY C 2275 ATLANTIC BLVD., SUITE 1100 NEPTUNE BEACH FL 32266			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 signatures required when re-registering) 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	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition MGRM Hionides, Chris 2275 Atlantic Blvd., Suite 100 Neptune Beach, FL 32266		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition Campbell, Eric MGRM 2275 Atlantic Blvd., Suite 100 Neptune Beach, FL 32266		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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		
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: <u>Chris Hionides</u> 02/01/07 904/241-1501	