

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

03-27-2007 90195 021 *****50.00

30011675



07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number **56-2612458** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MURPHY, AARON M
2609 BRUCE AVE
PANAMA CITY BEACH, FL 32408

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner/MGR/MGR Aaron Murphy 2609 Bruce Ave Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Aaron Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07-07-07

Date

Daytime Phone #

ATTACHMENT

Back

30011675

#L06060091935

Aaron & Jennifer Murphy
850-230-8556
2609 Bruce Ave
Panama City Bch FL 32408

600-29280 2123

PAY FL Dept of State \$50.00
TO THE ORDER OF Gifts XX 100 DOLLARS

TYNDALL FEDERAL CREDIT UNION
PANAMA CITY, FLORIDA 32412-0700

LIVE Everyday To The Fullest

FOR Jen Murphy

TO REORDER: 1-800-204-2244 • www.Check21.com

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068798
MAR 27 2007
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* Please reprocess LLC document # L06000091935
Document was apparently sent back for not having
a manager written in (but this was not received by me).
Enclosed is copy a cashed check for filing fee.