

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90176 004 ***138.75

DOCUMENT # L06000092374

1. Entity Name

BEAUNE'S, LLC



Principal Place of Business

2009 N. 22ND STREET
YBOR CITY FL 33675
US

Mailing Address

2009 N. 22ND STREET
YBOR CITY FL 33675
US



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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

WHITE, JOHN T
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

James Sirna

Street Address (P.O. Box Number is Not Acceptable)

2009 N 22nd St

City

Tampa

FL

Zip Code

33605

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, Name or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when remaining)

DATE

03/22/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WHITE, JOHN T
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE MGRM ☐ Delete
NAME SIRNA, JIM
STREET ADDRESS 2009 N. 22ND STREET
CITY-ST-ZIP YBOR CITY FL 33675

TITLE MGRM ☐ Delete
NAME WALTER, ROBERT
STREET ADDRESS 2009 N. 22ND STREET
CITY-ST-ZIP YBOR CITY FL 33675

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 60B, Florida Statutes.

SIGNATURE:

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

3/26/08

813 241 9587

Date

Daytime Phone #