06/19/2008 13:33 FAX 7275484407 PINELLAS TAX & ACCTG

FILED
Jun 23, 2008 8:00 am
Secretary of State
06-23-2008 90155 021 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000096073

1. Entity Name
DUNEDIN BEADS, LLC

50007355

Principal Place of Business	Mailing Address
1130 WEXFORD DRIVE PALM HARBOR, FL 34683	1130 WEXFORD DRIVE PALM HARBOR, FL 34683
2. Principal Place of Business - No P.O. Box #: 716 Main St.	3. Mailing Address: 716 Main St
Suite, Apt. #, etc: Dunedin FL	Suite, Apt. #, etc: Dunedin FL
City & State	City & State
Zip: 34698 Country: Pinellas	Zip: 34698 Country: Pinellas

06192008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5637735 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEEHAN, ROBERTA M
1130 WEXFORD DRIVE
PALM HARBOR, FL 34683

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 Roberta M Sheehan 6/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. SHEEHAN, ROBERTA 1130 WEXFORD DR. PALM HARBOR, FL 34683	☐ 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 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: Roberta M Sheehan 6/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #