

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90098 046 ***143.75

DOCUMENT # L06000096491

1. Entity Name
SEASIDE INTERNET, LLC



Principal Place of Business
**5808-11 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221**

Mailing Address
**5808-11 NORMANDY BOULEVARD
JACKSONVILLE, FL 32221**

50002779



2. Principal Place of Business - No P.O. Box #
231 KOOLABREW DRIVE

3. Mailing Address
231 Kooolabrew Drive

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
Suite A

03192008 Chg-LLC CR2E083 (12/06)

City & State
CALABASH, NC

City & State
Calabash, NC

4. FEI Number **20-5791247**

Applied For
Not Applicable

Zip **28467**

Country **USA**

Zip **28467**

Country **USA**

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

6. Name and Address of Current Registered Agent

**MATHIS, KELLY B P.A.
50 NORTH LAURA STREET, SUITE 1700
JACKSONVILLE, FL 32202**

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

**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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM SKIDMORE, BRAD 231 KOOLABREW DRIVE, SUITE A CALABASH, NC 28467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RYLES, MIKE 9564 NORMANDY BLVD. JACKSONVILLE, FL 32221	<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	BRAD D. SKIDMORE 817 TILLSON ROAD NORTH MYRTLE BEACH, SC 29502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MICHAEL W. RYLES 1355 CLEARVIEW DRIVE MANNING, SC 29102	<input checked="" 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:

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

03/25/08

Date

910-579-7900

Daytime Phone #