2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000099520

1. Entity Name TULLY'S, LLC



Principal Place of Business

Mailing Address

126 SOUTH SHORE DRIVE, VILLA 45 MIRAMAR BEACH, FL 32550

126 SOUTH SHORE DRIVE, VILLA 45 MIRAMAR BEACH, FL 32550

FILED Apr 16, 2008 08:00 A Secretary of State



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01182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5669835

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PITELL, LISA Y 4400 E. HIGHWAY 20, SUITE 202 NICEVILLE, FL 32578

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8.	3. The above named entity submits this statement for the purpose of changing its registered office	e 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 18 \$138.75 After May 1, 2008 Fee will be \$538.75

U00000900384 U4/29/U8-80027-011 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TULLY, MARGARET G 126 SOUTH SHORE DRIVE, VILLA 45 MIRAMAR BEACH, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TULLY, DONALD L 126 SOUTH SHORE DRIVE, VILLA 45 MIRAMAR BEACH, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - Z+P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes ! 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: Would & July
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-08

Date

Daytime Phone #