

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

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90116 030 \*\*\*138.75

DOCUMENT # L06000100701

1. Entity Name

BYRNES, LLC



Principal Place of Business

4333 GULF BREEZE PARKWAY  
GULF BREEZE FL 32563

Mailing Address

4333 GULF BREEZE PARKWAY  
GULF BREEZE FL 32563



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

515 YESTERDAKS CIRCLE

3. Mailing Address

515 YESTERDAKS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

20-5732083

Applied For

Not Applicable

Zip

32561

Country

SANTA ROSA

Zip

32561

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BYRNES, ROBERT E  
4333 GULF BREEZE PARKWAY  
GULF BREEZE FL 32563

New Address

7. Name and Address of New Registered Agent

Name

ROBERT E. BYRNES

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

515 YESTERDAKS CIRCLE

GULF BREEZE FL 32561

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

Robert E. Byrnes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4/4/08

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 MGRM ☐ Delete  
NAME BYRNES, ROBERT E  
STREET ADDRESS 4333 GULF BREEZE PARKWAY  
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 BYRNES, ROBERT E. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 515 YESTERDAKS CIRCLE  
CITY-ST-ZIP GULF BREEZE FL 32561

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

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

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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 608, Florida Statutes.

SIGNATURE

Robert E. Byrnes

ROBERT E. BYRNES

4/4/08 850-934-8689

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

Date

Daytime Phone #