


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90087 034 ***138.75

DOCUMENT # L06000115014	
1. Entity Name DOCKSIDE STORE LLC	

Principal Place of Business 100 CIRCUIT ROAD NOKOMIS, FL 34275 US	Mailing Address 100 CIRCUIT ROAD NOKOMIS, FL 34275 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1302 Sunset Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State NOKOMIS FL
Zip	Country U.S.A.



01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0878875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent COUDAL, NICOLE R 1302 SUNSET AVENUE NOKOMIS, FL 34275	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM Nicole R. Coudal 1302 Sunset Avenue NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. 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: Nicole R. Coudal **1/22/08** **941-485-2226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #