

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90122 034 \*\*\*\*50.00

30005423



03202007 Chg-LLC CR2E083 (12/06)

4. EEI Number **20-8054181** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # L06000119745**  
1. Entity Name  
**NESTLED INN @ SEAGROVE BEACH, LLC**



Principal Place of Business  
**45 KRISTI LANE  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**1050 CHIEFTAIN WAY  
WHITE PLAINS, GA 30678 US**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VAN MOL, GORDON 1050 CHIEFTAIN WAY WHITE PLAINS, GA 30678</b> <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: