

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 043 ****50.00

DOCUMENT # L06000123100

1. Entity Name
MIGUN OF THE BEACHES, LLC



Principal Place of Business
**843 ROCK BAY DRIVE
JACKSONVILLE, FL 32218**

Mailing Address
**843 ROCK BAY DRIVE
JACKSONVILLE, FL 32218**

30012100

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

3. Mailing Address
363 Atlantic Blvd.

Suite, Apt. #, etc.
#12

Suite, Apt. #, etc.
#12

City & State
Atlantic Beach

City & State
Atlantic Beach

Zip
32233

Country
USA

Zip
32233

Country
USA

07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8132645

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FETTIG, BARBARA
843 ROCK BAY DRIVE
JACKSONVILLE, FL 32218**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
President ☐ Delete
NAME
Barbara Fettig
STREET ADDRESS
843 Rock Bay Dr.
CITY-ST-ZIP
Jacksonville

TITLE
Vice President ☐ Delete
NAME
Amanda Kirt
STREET ADDRESS
12462 Harbor Winds Dr. N.
CITY-ST-ZIP
Jacksonville, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Barbara Fettig**

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

7/5/07 904-242-0800

Date

Daytime Phone #