

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L07000000142

1. Entity Name
SHERLOCKS OF CAGAN CROSSINGS, LLC



FILED

07 MAY 17 PM 3:34

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
715 BLOOM STREET SUITE 130
CELEBRATION, FL 34747

Mailing Address
PO BOX 470785
CELEBRATION, FL 34747



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEEKE, ALLEN
406 IRIS STREET
CELEBRATION, FL 34747

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

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

(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

TITLE MGRM ☐ Delete
NAME M AND J THORNHILL ENTERPRISES, INC.
STREET ADDRESS 715 BLOOM STREET SUITE 130
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 700103593577
STREET ADDRESS 05/31/07--01007--016 **200.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

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

JOHN THORNHILL

04/24/07

Date

407-566-1866

Daytime Phone #