

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/3

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

07-30-2008 90009 036 ***138.75

DOCUMENT # L07000004018

1. Entity Name
SLEEPY SULLY, LLC



Principal Place of Business
**350B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561**

Mailing Address
**350B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561**

2. Principal Place of Business - No P.O. Box #
100 Middle Plantation Cir

3. Mailing Address
100 Middle Plantation Cir



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07232008 Chg-LLC CR2E083 (12/08)

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

4. FEI Number
20-8146793

Applied For
Not Applicable

Zip
32561

Country

Zip
32561

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

**SULLIVAN, BRETT
350B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)
100 Middle Plantation Circle

City **Gulf Breeze** FL Zip Code **32561**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SULLIVAN, BRETT
350B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100 Middle Plantation Circle
Gulf Breeze, FL 32561** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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:

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

7/28/08

(850) 9693439