## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 24, 2008 8:00 am Secretary of State DOCUMENT # L07000030517 01-24-2008 90069 050 \*\*\*138.75 THE HIDEAWAY LOUNGE, LLC Principal Place of Business Mailing Address 2906 AVALON BLVD PO BOX 838 **UUUUUUUU** BAGDAD, FL 32530 MILTON, FL 32583 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 20-8671825 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, BOBBY O Street Address (P.O. Box Number is Not Acceptable) 2906 AVALON BLVD. MILTON, FL 32583 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, typed or printed name of registered agent and title (applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 . . After May 1, 2008 Fee will be \$538.75 Florida Department of State ~ MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Addition TITLE ☐ Delete TITLE ☐ Change WILLIAMS, BOBBY O NAME NAME PO BOX 838 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAGDAD, FL 32530 MGRM TITLE ☐ Change ☐ Addition TITLE ☐ Delete WILLIAMS, CAROLYN A NAME STREET ADDRESS STREET ADDRESS PO BOX 838 BAGDAD, FL 32530 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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