


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State


03-31-2008 90266 008 ***138.75

DOCUMENT # L07000033628	
1. Entity Name BEATS A GARAGE SALE, LLC	

Principal Place of Business 1914 S. MAGNOLIA AVENUE SANFORD, FL 32771	Mailing Address 1914 S. MAGNOLIA AVENUE SANFORD, FL 32771
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2. Principal Place of Business - No P.O. Box # 126 S. US Hwy 441	3. Mailing Address 126 S. US Hwy 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lady Lake, FL	City & State Lady Lake, FL
Zip 32159	Country USA
Zip 32159	Country USA

	
03272008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-8743378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR., ESQ 201 EAST PINE STREET, SUITE 500 ORLANDO, FL 32801	
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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: **N. Dwayne Gray** (NOTE: Registered Agent signature required when reinstating) DATE: **3/27/08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPINTO, CRISTA 1914 S. MAGNOLIA AVENUE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Depinto** DATE: **3/27/08** 352.750.4245

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