

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90321 033 ***138.75

DOCUMENT # L07000053313

1. Entity Name
CHRISTMAS LAND, LLC



Principal Place of Business
**516 DELANNOY AVENUE
COCOA, FL 32922 US**

Mailing Address
**516 DELANNOY AVENUE
COCOA, FL 32922 US**

60026342



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

3. Mailing Address

P.O. Box 3767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-LLC CR2E083 (12/06)

City & State

Cocoa FL

4. FEI Number

26-0207124

Applied For

Not Applicable

Zip

Country

32924-3767

USA

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

**KIRSCHENBAUM, MALCOLM R
516 DELANNOY AVENUE
COCOA, FL 32922**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SWANN, JAMES T TRUSTEE
516 DELANNOY AVENUE
COCOA, FL 32922** ☐ Delete

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

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

Date

Daytime Phone #

James T. Swann, Trustee **4/16/2008** **321-631-2022**