
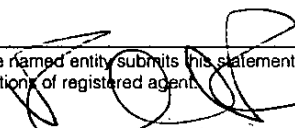


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90224 045 ***138.75

DOCUMENT # L07000063326			
1. Entity Name 2137 TIDELANDS, LLC			
Principal Place of Business 78 ISLAND ESTATES PARKWAY PALM COAST, FL 32137 US		Mailing Address 78 ISLAND ESTATES PARKWAY PALM COAST, FL 32137 US	
2. Principal Place of Business - No P.O. Box # TIDELANDS CONDOS	3. Mailing Address		
Suite, Apt. #, etc. 20 Longview Pkwy # 2137	Suite, Apt. #, etc. ✓		
City & State Palm Coast, FL	City & State		
Zip 32137	Country FLA6LEN	Zip	Country
6. Name and Address of Current Registered Agent ROSSHEIM, RALPH 78 ISLAND ESTATES PARKWAY PALM COAST, FL 32137		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 obligation of registered agent.			
SIGNATURE 		RAUPH E. ROSSHEIM	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 4/1/08	

60020006



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0584058** Applied For
Not Applicable

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

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	MGR ROSSHEIM, RALPH 78 ISLAND ESTATES PARKWAY PALM COAST, FL 32137 <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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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

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 