

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 8:00 am
Secretary of State

03-12-2008 90240 017 ***138.75

DOCUMENT # L07000069354 1. Entity Name CAPTAIN LOGAN BYSTROM LLC					
Principal Place of Business 8025 MARINA ISLES LANE HOLMES BEACH FL 34217			Mailing Address 8025 MARINA ISLES LANE HOLMES BEACH FL 34217		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-2291196 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BYSTROM, JEAN C 8025 MARINA ISLES LANE HOLMES BEACH FL 34217			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 _____ DATE _____ Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when renewing)					
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 BYSTROM, LOGAN W 8025 MARINA ISLES LANE HOLMES BEACH FL 34217	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/4/08 941 713 1245 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Contact Person					

ATTACHMENT

(IRS USE ONLY) 575B

03-31-2008 CAPT O 9999999999 SS-4

30003157
#L07000069354

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999999

Your Telephone Number Best Time to Call
() - .

DATE OF THIS NOTICE: 03-31-2008
EMPLOYER IDENTIFICATION NUMBER: 26-2291196
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

CAPTAIN LOGAN BYSTROM LLC
LOGAN WILLIAM BYSTROM SOLE MBR
8025 MARINA ISLES LN
HOLMES BEACH, FL 34217