

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90087 031 \*\*\*138.75

<b>DOCUMENT # L07000093076</b>			
<b>1. Entity Name</b> GUESTSTAT, LLC			
<b>Principal Place of Business</b> 313 FAIRWOOD DR NICEVILLE, FL 32578		<b>Mailing Address</b> 313 FAIRWOOD DR NICEVILLE, FL 32578	
<b>2. Principal Place of Business - No P.O. Box #</b> 151 NE 200th AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 142 Suite, Apt. #, etc.	
<b>City &amp; State</b> Williston FL		<b>City &amp; State</b> Williston, FL	
<b>Zip</b> 32696	<b>Country</b> USA	<b>Zip</b> 32696	<b>Country</b> USA
<b>4. FEI Number</b> 26-1274207		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> COLLETTI, LACEY M 313 FAIRWOOD DR NICEVILLE, FL 32578		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE: <u>Lacey M. Colletti</u> DATE: <u>5/1/08</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM COLLETTI, LACEY M 313 FAIRWOOD DR NICEVILLE, FL 32578	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <u>Lacey M. Colletti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>5/1/08</u> Daytime Phone #: <u>(352) 528-0463</u>	