

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

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90135 037 ***138.75

DOCUMENT # L07000100843

1. Entity Name

VILLAGE BEAD BAR, LLC



Principal Place of Business

1039 CANAL STREET
THE VILLAGE/LADY LAKE FL 32162

Mailing Address

P.O. BOX 540827
ORLANDO FL 32854



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

3. Mailing Address

1st MOORE

CR2E083 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-1174338

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, GOLDBERG, LEACH & COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Dameron, Jeffrey

Street Address (P.O. Box Number is Not Acceptable)

1319 Edgewater Dr.

City

Orlando

FL

Zip Code

32804

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

Jeffrey C. Dameron

Jeffrey C. DAMERON

1-29-08

Signature of current or former registered agent and fee (if applicable)

(NOTE: Registered agent signature required when reappointing)

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

TITLE	MGRM	☐ Delete
NAME	DAMERON, SONIA M	
STREET ADDRESS	P.O. BOX 540827	
CITY-STATE-ZIP	ORLANDO FL 32854	
TITLE	MGRM	☐ Delete
NAME	DAMERON, JEFFREY C	
STREET ADDRESS	P.O. BOX 540827	
CITY-STATE-ZIP	ORLANDO FL 32854	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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.

407-426-9282

SIGNATURE:

Jeffrey C. Dameron

Jeffrey C. DAMERON

1-29-08

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

Date

Entity File #