2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

555/2/2008-90023-004-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:42

DOCUMENT # L07000118625

1. Entity Name
SARA BELLE'S LLC

Principal Place of Business	Mailing Address
1 OSPREY LANE KEY LARGO, FL 33037 US	1 OSPREY LANE KEY LARGO, FL 33037 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04033008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2772164 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

FILE NUMBER FEE IS $138.75
After May 1, 2009 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Ronald Townsend 1 Osprey Lane Key Largo, FL 33037 ~~Sole Member~~ Managing Member ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4-14-08 770-801-1600

Signature and Type or Printed Name of Managing Member, Manager, or Authorized Representative — Date — Daytime Phone #