## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

**DOCUMENT #L07000122759** 



FILED

Apr 09, 2008 8:00 am Secretary of State

04-09-2008 90124 013 \*\*\*138.75 1. Entity Name QUANNY, LLC Principal Place of Business Mailing Address 113 W INTERNATIONAL SPEEDWAY BLVD 113 W INTERNATIONAL SPEEDWAY BLVD 60021088 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-1523910 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NGUYEN, VUONG Street Address (P.O. Box Number is Not Acceptable) 111 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 City Zin 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITI F ☐ Change ☐ Addition NGUYEN, VUONG NAME NAME STREET ADDRESS 111 W INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP **MGRM** □ Change TITLE ☐ Delete TITLE Addition TRUONG, QUAN NAME NAME STREET ADDRESS 111 W INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE