## 2008 LIMITED LIABILITY COMPANY

**SIGNATURE** 

## Apr 17, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000123490** 1. Entity Name 04-17-2008 90167 022 \*\*\*138.75 SUGAR SAND RESORTS L.L.C. Principal Place of Business Mailing Address SURF DWELLER ATN SUGAR SAND RESORTS SURF DWELLER ATN SUGAR SAND RESORTS AAAAATT9 554 CORAL CT 554 CORAL CT FORT WILTON BEACH, FL 32548 FORT WILTON BEACH, FL 32548 2. Principal Place of Business - No P.O. Box # Mailing Address Harbor Blyd 04142008 CR2E083 (12/06) Cho-LLC 4. FEI Number & State Applied For 75-3263052 Not Applicable Country Countr \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent elleu KELLEY, WILLIAM W SURF DWELLER ATN SUGAR SAND RESORTS is No Acceptable) 554 CORAL CT FORT WLTON BEACH, FL 32548 Zip Code 32578 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ICPM Change TITLE ☐ Delete ☐ Addition NAME KELLEY, WILLIAM S NAME Steven W. Kelley STREET ADDRESS 1000 BAY DR #510 1000 Bay Drive Niceville, FL 34 STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Addition Change Charles McPeak ALABAMA, CHARLY NAME NAME 203 Summerrain Terrace STREET ADDRESS 1000 BAY DR #510 STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP Dothan, AL 36303 MGR TITLE ☐ Defete Change ☐ Addition NAME RIDDICK, JIMMY NAME STREET ADDRESS 1000 BAY DR #510 STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP Beach TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify the indicated on this limited liability co

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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