


2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L10000068954		
1. Entity Name 18 VIA DELUNA, LLC		

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 18 PM 3:33

Principal Place of Business 4265 BONWAY DRIVE PENSACOLA, FL 32504	Mailing Address 4265 BONWAY DRIVE PENSACOLA, FL 32504
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2. Principal Place of Business - No P.O. Box # Realty Mart's Suite, Apt. #, etc. 1591 Viade Luna Dr City & State Pensacola Beach FL Zip 32561 Country US	3. Mailing Address 4265 Bonway Dr Suite, Apt. #, etc. Pensacola City & State FL Zip 32504 Country US
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04292011 Chg-LLC CR2E083 (11/08)

4. FEI Number 27-3013447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCDONALD, BRUCE A 25 W. GOVERNMENT ST. PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2011 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Naida M. McNally 4265 Bonway Dr. Pensacola, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900207874059 05/19/11--01003--004 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Naida M. McNally Naida M. McNally 5/13/11 850-478-8362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #