

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 013 ****55.00

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DOCUMENT # L95000000986 1. Entity Name REST AREA, L.L.C.					
Principal Place of Business 3610 OCEAN BEACH BLVD. #103B COCOA BEACH, FL 32931			Mailing Address 3610 OCEAN BEACH BLVD. #103B COCOA BEACH, FL 32931		
2. Principal Place of Business 66 N. Atlantic Ave Suite 204 Cocoa Beach FL		3. Mailing Address 66 N. Atlantic Ave Suite 204 Cocoa Beach FL		03252003 Chg-LLC CR2E083 (10/03)	
City & State Cocoa Beach FL		City & State Cocoa Beach FL		4. FEI Number 59-3348227	
Zip 32931		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JIRUSKA, RAY L 3610 OCEAN BEACH BLVD. #103B COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name Ray Jiruska Street Address (P.O. Box Number is Not Acceptable) 66 N. Atlantic Ave Suite 204 City Cocoa Beach FL Zip Code 32931		
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 Ray Jiruska mgr. 8/1/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIRUSKA, RAY L 3610 OCEAN BEACH BLVD. #103B COCOA BEACH, FL 32931	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rodina LLC 1404 E Ave NE, PO. Box 696 Cedar Rapids IA 52406-0696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURK, JOHN 1275 N. ATLANTIC AVE COCOA BEACH, FL 32931	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		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 exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: Ray Jiruska mgr.			8/1/04 (321) 7991150 Date Daytime Phone #		