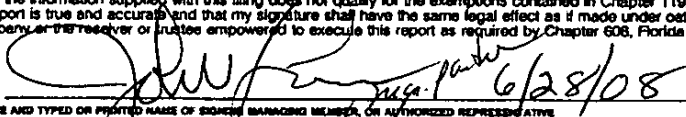


FILED
5 Jul 09, 2008 8:00 am
Secretary of State
05-19-2008 90187 026 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

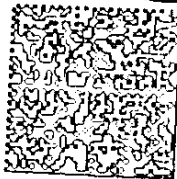
DOCUMENT # L99000004080		
1. Entity Name SUMMER BREEZE VENTURES, LLC		
Principal Place of Business 3001 ISLAND POINT LANE, #11 STUART, FL 34996	Mailing Address 3001 ISLAND POINT LANE, #11 STUART, FL 34996	30010205  04242008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 31-1695022		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent --- LOCOCO, JOHN V 3001 ISLAND POINT LANE #11 STUART, FL 34996		
DO NOT WRITE IN THIS SPACE		
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 renewing)		
DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LOCOCO, JOHN V 3001 ISLAND POINT LANE, #11 STUART, FL 34996	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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:  6/28/08 5023875070		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date Daytime Phone #		

6/68/08

Sorry for the signature error. I just
received. Note mailed on 6/12/08
letter dated 5/29/08.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



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