2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 12, 2008 8:00 am
Secretary of State
02-12-2008 90064 047 ***138.75

DOCUMENT # M04000000303

1. Entity Name
MERRY DEVIL, LLC

Principal Place of Business	Mailing Address
489 SOUTH BEACH BLVD. HOBE SOUND FL 33476	489 SOUTH BEACH BLVD. HOBE SOUND FL 33476

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12072 SE VULCAN AVE	P.O BOX 309
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOBE SOUND, FL	City & State: HOBE SOUND, FL
Zip: 33455 Country: MARTIN	Zip: 33475 Country: MARTIN

4. FEI Number 01-6322629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~KINDER, RANDOLYN~~
~~13376 185TH PLACE, NORTH~~
~~JUPITER FL 33478~~

7. Name and Address of New Registered Agent

Name: ERIC MACLEOD
Street Address (P.O. Box Number is Not Acceptable): 12072 SE VULCAN AVE
City: HOBE SOUND FL Zip Code: 33455

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRDSEY, CHARLES J 489 SOUTH BEACH BLVD. HOBE SOUND FL 33476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 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: ______________________ 03/05/08 772-546-7973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #