06/24/2008 15:13 FAX

FILED
Jun 27, 2008 8:00 am
Secretary of State
06-27-2008 90057 009 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005859

1. Entity Name
MRS OF HILTON HEAD, LLC

Principal Place of Business
113 BROOKS STREET, SE UNIT 505
FORT WALTON BEACH, FL 32548 US

Mailing Address
57 SPARWHEEL LANE
HILTON HEAD ISLAND, SC 29926 US

50007662

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: 124 CROSSTREE DRIVE
Suite, Apt. #, etc.
City & State: HILTON HEAD
Zip: SC | Country: 29926

06192008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 11-3791042 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CHALLINI, DAVID
12258 DEERSONG DRIVE
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	☐ Delete
NAME	REW, LINDA L	
STREET ADDRESS	~~57 SPARWHEEL LANE~~ 124 CROSSTREE DRIVE	
CITY-ST-ZIP	HILTON HEAD ISLAND, SC 29926	
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Linda L. Rew 6-24-08 843-681-6597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #