

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 013 ***138.75

DOCUMENT # L04000000837

1. Entity Name
APPALACHIAN LAND & LEASING COMPANY, LLC



Principal Place of Business

1400 30TH ST
2ND FL STE B
NICEVILLE, FL 32578

Mailing Address

~~1400 30TH ST~~ 601 Main Street
~~2ND FL STE B~~ Suite 102
~~NICEVILLE, FL 32578~~ Hazard, Ky.
41701

DO NOT WRITE IN THIS SPACE



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0620424

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, THERESA
1400 30TH ST 2ND FL STE B
NICEVILLE, FL 32578

**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 reinstating)

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
JOHNSON, THERESA
1400 30TH ST 2ND FLR STE B
NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JOHNSON, MARTY
1400 30TH ST 2ND FLR STE B
NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
If there are any
problems or questions
regarding this report,
please contact
Melissa Stamper at
606-436-0736, ext. 263.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Thanks!

**DO NOT WRITE
IN THIS SPACE**

11. I hereby ce
indicated o
limited liab

the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
he same legal effect as if made under oath; that I am a managing member or manager of the
report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Theresa H. Johnson

Date

Daytime Phone #

606-436-0736