

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073520

**Entity Name:** 207 JAMAICA, LLC

**Current Principal Place of Business:**

3250 NAVY BLVD.  
PENSACOLA, FL 32505

**Current Mailing Address:**

PO BOX 12346  
PENSACOLA, FL 32591

**FEI Number:** 20-5300528

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIZZELL, THOMAS  
3250 W. NAVY BLVD.  
PENSACOLA, FL 32505 US

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC0347622822**

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BIZZELL, THOMAS  
Address 3250 W. NAVY BLVD.  
City-State-Zip: PENSACOLA FL 32505

Title MGRM  
Name BIZZELL, ALLEN  
Address 14161 GORHAM ROAD  
City-State-Zip: PENASCOLA FL 32507

Title MGRM  
Name BIZZELL, STEVE  
Address 6804 FABIANO DRIVE  
City-State-Zip: PENSACOLA FL 32506

Title MGRM  
Name BAILEY, MARY  
Address 2510 E NINE MILE ROAD  
City-State-Zip: PENSACOLA FL 32514

Title MGRM  
Name BIZZELL, ROLAND  
Address 601 DOG TRACK ROAD  
City-State-Zip: PENSACOLA FL 32506

Title MGRM  
Name BIZZELL, DAVID  
Address 16285 NORTH SHORE DRIVE  
City-State-Zip: PENSACOLA FL 32507

Title MGRM  
Name BIZZELL, DANIEL  
Address 16251 YGNACIO SERRA DRIVE  
City-State-Zip: PENSACOLA FL 32507

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS M. BIZZELL

**MANAGING MEMBER**

**02/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date