

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 050 ***138.75

DOCUMENT # L00000004283

1. Entity Name
SELOY DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business
**1301 PLANTATION ISLAND DR.
SUITE 206B
SAINT AUGUSTINE, FL 32080**

Mailing Address
**PO DRAWER 70
ST AUGUSTINE, FL 32085-0070**

60016251

2. Principal Place of Business - No P.O. Box #
601 S PONCE DE LEON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State
ST AUGUSTINE FL

City & State

03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3681311

Applied For
Not Applicable

Zip
32084

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, PAUL J
1301 PLANTATION ISLAND DR., STE 206B
SAINT AUGUSTINE, FL 32080**

Name
THOMPSON, PAUL J

Street Address (P.O. Box Number is Not Acceptable)
601 S PONCE DE LEON BLVD

SUITE B

City
ST AUGUSTINE

FL

Zip Code
32084

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 **PAUL J THOMPSON, MGR**

03-18-08

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THOMPSON, PAUL J
PO DRAWER 70
SAINT AUGUSTINE, FL 32085** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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: **Paul J Thompson**

Paul J Thompson

03-18-08

904-825-1754

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

Date

Daytime Phone #