

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # L00000006908

1. Entity Name

WACEA Land & Development LLC

02 APR 18 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13117 Parkway

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1501

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

St. Augustine, FL

Zip

32404

Country

Zip

32085

Country

4. FEI Number

59-3607967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Webb, James R.

Street Address (P.O. Box Number is Not Acceptable)

100 Franklin

City

Portabelle

**FL**

Zip Code

32322

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.

SIGNATURE

James R. Webb Jr

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE mgr.  
NAME Webb James Lamar Jr.  
STREET ADDRESS 123 Webb Road  
CITY-ST-ZIP DANSON, GA 31742

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

CR2E083B (12/01)