

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009658

Entity Name: SAN PABLO, LLC

FILED  
Apr 18, 2011  
Secretary of State

**Current Principal Place of Business:**

4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE, FL 322240680

**New Principal Place of Business:**

**Current Mailing Address:**

4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE, FL 322240680

**New Mailing Address:**

FEI Number: 59-3672514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOKES, E. CHESTER JR  
4315 PABLO OAKS COURT SUITE 1  
JACKSONVILLE, FL 32224 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: STOKES, E. CHESTER JR  
Address: 4315 PABLO OAKS COURT, SUITE 1  
City-St-Zip: JACKSONVILLE, FL 322240680 US

Title: V  
Name: BERGMANN, THOMAS C  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 322240680 US

Title: S  
Name: VANZANT, CHRIS  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 322240680 US

Title: VT  
Name: FREDENHAGEN, SHARON W  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 322240680 US

Title: VAS  
Name: MOORE, JOHN P  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 322240680 US

Title: V  
Name: KUNKEL, JOHN C  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 322240680 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHARON W FREDENHAGEN

V

04/18/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date