

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013519

1. Entity Name  
SAM AT NIX, LLC



Principal Place of Business  
125 NIX BOAT YARD ROAD  
SAINT AUGUSTINE, FL 32084 US

Mailing Address  
P.O. BOX 5358  
ST. AUGUSTINE, FL 32085 US



01062005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3684257

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANDREWS, DAVID M  
339 MARSHSIDE DR., N.  
ST. AUGUSTINE, FL 32080

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME ANDREWS, DAVID M  
STREET ADDRESS 339 MARSHSIDE DRIVE NORTH  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE MGRM  
NAME ANDREWS, JUDY D  
STREET ADDRESS 339 MARSHSIDE DRIVE NORTH  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
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U00000224245  
02/10/05-80079-003 50.00

**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, OR AUTHORIZED REPRESENTATIVE

2-7-2005

Date

904-826-1987

Daytime Phone #