

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000015584

1. Entity Name
EASTWOOD OF ST. AUGUSTINE, L.L.C.



Principal Place of Business

**4475 HIGHWAY U.S. 1 SOUTH, Suite 504
ST. AUGUSTINE, FL 32086**

Mailing Address

**4475 HIGHWAY U.S. 1 SOUTH, Suite 504
ST. AUGUSTINE, FL 32086**



01212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
40-0003541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, JOHN D JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINS, ELIZABETH 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086
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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 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:

Elizabeth Robins Elizabeth Robins 2/1/08

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

Date

Daytime Phone #