

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000015867**

1. Entity Name  
911 MANAGEMENT, LLC



Principal Place of Business  
509 SOMERSET BRIDGE RD  
SANTA ROSA BEACH, FL 32459-6425

Mailing Address  
509 SOMERSET BRIDGE RD  
SANTA ROSA BEACH, FL 32459-6425



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3746033

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

TURNER, MELISSA M  
509 SOMERSET BRIDGE RD  
SANTA ROSA BEACH, FL 32459-6425

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURNER, MELISSA M 509 SOMERSET BRIDGE RD SANTA ROSA BEACH, FL 324596425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEENER, FRANK O 49020 CEDROS CIRCLE LAQUINTA, CA 92253
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLEISHMAN, MICHAEL M 3500 NATIONAL CITY TOWER 101 S FIFTH ST LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATTERSON, JAMES A 10000 SHELBYVILLE ROAD, SUITE 11 LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000626085  
02/15/07-80006-018-50.00

**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 its 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

Date

Daytime Phone #

*Melissa M. Turner*

Melissa M. Turner, 2/5/07 850-231-0931