

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020230

1. Entity Name

FLORIDA COMMERCIAL REAL ESTATE GROUP, LLC



Principal Place of Business

9250 CYPRESS GREEN DR.
#201
JACKSONVILLE, FL 32256

Mailing Address

9250 CYPRESS GREEN DR.
#201
JACKSONVILLE, FL 32256



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3760295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE. 1000 (JGH)
ORLANDO, FL 32801

**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

U000000775717
01/08/08-80040-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LLEWELLYN, MARK
STREET ADDRESS	2507 CALLAWAY ROAD SUITE 100
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGRM
NAME	WHEELER, G. BRIAN
STREET ADDRESS	9250 CYPRESS GREEN DR #200
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGRM
NAME	MARRINER, BRUCE E
STREET ADDRESS	3910 US HWY 301 N STE 140
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	KASCHYK, BRUCE
STREET ADDRESS	3910 UNITED STATES HIGHWAY 301 NORTH #140
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	WHEELER, ELLEN
STREET ADDRESS	9250 CYPRESS GREEN DR #201
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

G. BRIAN WHEELER

1-3-2008

904 730-9361

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

Date

Daytime Phone #