

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 018 ****50.00

60024333



DOCUMENT # L02000000041 1. Entity Name FLORA BRANCH, LLC					
Principal Place of Business 6639 SOUTHPPOINT PKWY SUITE 106 JACKSONVILLE, FL 32216 US			Mailing Address 6639 SOUTHPPOINT PKWY SUITE 106 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box # <i>4181 Southpoint DR E</i>		3. Mailing Address <i>4181 Southpoint DR E</i>		02262007 Chg-LLC CR2E083 (12/06) 4. FEI Number 83-0343817 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <i>400</i>		Suite, Apt. #, etc. <i>400</i>			
City & State <i>JACKSONVILLE FL</i>		City & State <i>JACKSONVILLE FLA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>32214</i>		Zip <i>32214</i>			
Country <i>USA</i>		Country <i>USA</i>		6. Name and Address of Current Registered Agent LEWIS, MURRAY A 6639 SOUTHPOINT PARKWAY SUITE 106 JACKSONVILLE, FL 32216	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEWIS, MURRAY A 6639 SOUTHPOINT PARKWAY, SUITE 106 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>MURRAY A. LEWIS</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-13-07 904.296-0901 <small>Date Daytime Phone #</small>		

ATTACHMENT

60024333

Division of Corporations**Annual Report**

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Document Number L02000000041
Business Entity Name FLORA BRANCH, LLC
FEI Number 830343817
FEI Number Status
Certificate of Status Desired No

Principal Place of Business

Address 4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US

Mailing Address

Address 4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM
Address 4181 SOUTHPOINT DRIVE EAST
Suite, Apt. #, etc. SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216 US
Registered Agent Signature MURRAY A. LEWIS

Managing Member/Manager Name and Address

Title MGRM
Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM
Street Address 4181 SOUTHPOINT DRIVE EAST, SUITE 400
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Title

MGRM

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Managing Member/Manager Signature MURRAY A. LEWIS

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