

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90112 003 ****50.00

DOCUMENT # L02000000422

1. Entity Name

PENSACOLAINFORMATION.COM REALTY LLC



Principal Place of Business

620 RIOLA PLACE
PENSACOLA FL 32506

Mailing Address

620 RIOLA PLACE
PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0007662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kea
KEY, DEBRA K
4153 HELTONS WAY
JAY FL 32565

See Below

Name

Kolb Janet A.
Street Address (P.O. Box Number is Not Acceptable)
3447 Esplanade Dr.

City

PENSACOLA

FL

Zip Code

32506

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

Janet A. Kolb

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BERUBE, DANIEL E
STREET ADDRESS 620 RIOLA PLACE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KOLB, SHERWOOD R
STREET ADDRESS 3447 ESPLANADE DRIVE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KOLB, JANET A
STREET ADDRESS 620 RIOLA PLACE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME *Debra K. Kea*
STREET ADDRESS *4153 Heltons Way*
CITY-ST-ZIP *JAY, FL 32565*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Janet A. Kolb (MGR)

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

4/11/05 (850) 458-7727

Date

Daytime Phone #