

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2003 8:00 am
Secretary of State

07-08-2003 90017 001 ****50.00
05-14-2003 90026 012 ****50.00

DOCUMENT # L02000001892

1. Entity Name

MAKEPEACE MAGILL, L.L.C.



Principal Place of Business

**364 GILMORE DRIVE
POINT WASHINGTON FL 32454**

Mailing Address

**P.O. BOX 4792
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

**HAWKINS, JOHN W ESQ.
MATHEWS & HAWKINS, P.A.
607 HIGHWAY 98 EAST
DESTIN FL 32541**

Name **RICHARD M. GIBBS**

Street Address (P.O. Box Number is Not Acceptable)

364 GILMORE RD.

City **SANTA ROSA BEACH.**

FL

Zip Code **32459**

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

Richard M. Gibbs

7-7-03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **HAWKINS, JOHN W**
STREET ADDRESS **364 GILMORE DRIVE**
CITY-ST-ZIP **POINT WASHINGTON FL 32454**

TITLE **MGR.** ☐ Change ☒ Addition
NAME **RICHARD M. GIBBS**
STREET ADDRESS **364 GILMORE RD.**
CITY-ST-ZIP **SANTA ROSA BEACH FL. 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR.** ☐ Change ☒ Addition
NAME **J.R. HANFELSON**
STREET ADDRESS **364 GILMORE RD.**
CITY-ST-ZIP **SANTA ROSA BEACH FL. 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Richard M. Gibbs

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

7-7-03 850-231-2908

Date Daytime Phone #

CR2E083 (4/03)

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