

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 004 ****50.00

DOCUMENT # L02000004816

1. Entity Name

GULF STATES LAND COMPANY, LLC



Principal Place of Business

271 POTTER WOODBERRY ROAD
HAVANA, FL 32333

Mailing Address

271 POTTER WOODBERRY ROAD
HAVANA, FL 32333

20061297



05242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0660174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JEFF
271 POTTER WOODBERRY ROAD
HAVANA, FL 32333

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MOORE, JEFF
STREET ADDRESS 271 POTTER WOODBERRY RD
CITY-ST-ZIP HAVANA, FL 32333

TITLE MGRM
NAME SPEARS, FRED
STREET ADDRESS 638 N FERDON BLVD
CITY-ST-ZIP CRESTVIEW, FL 32356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

6/28/05

Date

(850) 481-1737

Daytime Phone #