

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 002 ****50.00

DOCUMENT # L02000014403

1. Entity Name
PHILLIPS OF JAX, LLC



Principal Place of Business
6215 WILSON BOULEVARD
JACKSONVILLE, FL 32210

Mailing Address
PO BOX 441149
JACKSONVILLE, FL 32222-0012

24049699



04202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0462018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANNEN, WILLIAM M
6215 WILSON BOULEVARD
JACKSONVILLE, FL 32210

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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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PHILLIPS, MICHAEL D
STREET ADDRESS 6215 WILSON BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE MGR
NAME JAMES, KELLY M
STREET ADDRESS 6215 WILSON BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE MGR
NAME JAMES, CHARLES B
STREET ADDRESS 6215 WILSON BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE MGR
NAME BRANNEN, WILLIAM M
STREET ADDRESS 6215 WILSON BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

Date

Daytime Phone #

4/20/04