

**2007 LIMITED LIABILITY COMPANY
-ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000022241

1. Entity Name
SUMMIT HOLDINGS, L.L.C.



Principal Place of Business
**45 BEAL PKWY, NE
FORT WALTON BEACH, FL 32548**

Mailing Address
**PO BOX 1600
FORT WALTON BEACH, FL 32549**



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2076904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCINNIS, C. JEFFREY
909 MAR WALT DRIVE
FT. WALTON BEACH, FL 32547**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GONZALEZ, GEORGE L
STREET ADDRESS	1662 TIDEWATER LANE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGR
NAME	GONZALEZ, JOHN
STREET ADDRESS	7188 REEF STREET
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGR
NAME	BARKER, GENE G
STREET ADDRESS	908 WOODBRIAR COURT
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	MGR
NAME	MCINNIS, C. JEFFREY
STREET ADDRESS	820 NE COUNTRY CLUB AVE.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/07-80024-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Gene G. Barker 1/16/07 850-244-5121