

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 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**



01232008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, GEORGE L 1662 TIDEWATER LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, JOHN 7188 REEF STREET NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARKER, GENE G 908 WOODBRIAR COURT FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCINNIS, C. JEFFREY 820 NE COUNTRY CLUB AVE. FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000808131
02/07/08-80037-004 138.75

**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: *Gene G. Barker*

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

1/25/08

Date

850-244-5121

Daytime Phone #