

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90004 032 ****50.00

DOCUMENT # L02000025458

1. Entity Name

BAREFOOT PROPERTIES, LLC



Principal Place of Business

**221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

Mailing Address

**221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

2. Principal Place of Business

2421 Co. Hwy. 30A W.

Suite, Apt. #, etc.

3. Mailing Address

1414 Co. Hwy. 283 S.

Suite, Apt. #, etc.

PMB #119

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. FEI Number

52-2384011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fees Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURKE, LES W ESQ
BURKE & BLUE, P.A.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

2/11/03
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SPRENKLE, JASON**
STREET ADDRESS **701 GERVAIS STREET, #308**
CITY-ST-ZIP **COLUMBIA SC 29201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME
STREET ADDRESS **8638 E. Co. Hwy 30-A, Unit C402**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Marilyn M. Tew**
STREET ADDRESS **2100 Country Club Dr.**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

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

2/11/03 (850)622-0111

Date

Daytime Phone #

CR2E083 (10/02)