

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026550

FILED
Mar 04, 2011
Secretary of State

Entity Name: WRIGHT'S NASSAU COUNTY FAMILY, L.L.C.

Current Principal Place of Business:

61957 RIVER ROAD
CALLAHAN, FL 32011 US

New Principal Place of Business:

61957 RIVER RD
CALLAHAN, FL 32011 US

Current Mailing Address:

25417 WOOLIE B LN
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 56-2555300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HIGGINBOTHAM, BETTY W ST
25417 WOOLIE B LN
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

HIGGINBOTHAM, BETTY W
25417 WOOLIE B LN
CALLAHAN, FL 32011 US

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.

SIGNATURE: BETTY W. HIGGINBOTHAM

03/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: WRIGHT, WILLIAM P P
Address: 955 HOLSTEIN LANE
City-St-Zip: BAXLEY, GA 31513 US

Title: ST
Name: HIGGINBOTHAM, BETTY W
Address: 25417 WOOLIE B LANE
City-St-Zip: CALLAHAN, FL 32011 US

Title: MGRD
Name: HIGGINBOTHAM, DONNA W
Address: 612125 RIVER RD
City-St-Zip: CALLAHAN, FL 32011 US

Title: MGRD
Name: LLOYD, SALLY W
Address: 20213 57TH RD
City-St-Zip: LAKE CITY, FL 320242113 US

Title: MGRD
Name: WHITTY, VICKIE W
Address: 166 BOVINE DR
City-St-Zip: MERSHON, GA 31551 US

Title: MGRD
Name: DAVIS, ARLENE W
Address: 186 BOVINE DR
City-St-Zip: MERSHON, GA 31551 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BETTY W. HIGGINBOTHAM

ST

03/04/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date