

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 024 ****50.00

DOCUMENT # L03000005737

1. Entity Name
SUNFLOWER LAND, LLC



Principal Place of Business
**3985 HWY 90 EAST
CRESTVIEW, FL 32539**

Mailing Address
**3985 HWY 90 EAST
CRESTVIEW, FL 32539**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3791573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNEESE, BRENDA A
3985 HWY 90 EAST
CRESTVIEW, FL 32539**

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

Brenda A. McNeese

1-19-06

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **MCNEESE, BRENDA A**
STREET ADDRESS **3985 HWY 90 EAST**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **PR** ☒ Change ☐ Addition
NAME *Brenda A. McNeese*
STREET ADDRESS *8729 Coleman Homestead Rd*
CITY-ST-ZIP *Mono Point MS 39562*

TITLE **VP** ☐ Delete
NAME **FRAZURE, DENISE**
STREET ADDRESS **3985 HWY 90 EAST**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **T** ☒ Change ☐ Addition
NAME *Denise P. Frazure*
STREET ADDRESS *1014 Kell Avenue*
CITY-ST-ZIP *Pascagoula, MS 39567*

TITLE **T** ☒ Delete
NAME **DOSS, CYNTHIA L**
STREET ADDRESS **3985 HWY 90 EAST**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **VP** ☐ Change ☒ Addition
NAME *LAWRENCE D. ORR*
STREET ADDRESS *4609 LIVE OAK CUMM RD*
CITY-ST-ZIP *CRESTVIEW FL 32539*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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.

Denise P. Frazure