


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L03000008212 |  |
| 1. Entity Name AMPOL NORTH, LLC | |

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|---|---|-----------|
| Principal Place of Business 3070 WHITE IBIS WAY TALLAHASSEE, FL 32309 | Mailing Address 3070 WHITE IBIS WAY TALLAHASSEE, FL 32309 | BK |
|---|---|-----------|

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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |


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| 6. Name and Address of Current Registered Agent | |
| MANAUSA, DANIEL E 3520 THOMASVILLE ROAD TALLAHASSEE, FL 32309 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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 | DATE |
| (NOTE: Registered Agent signature required when reinstating) | |

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| Filing Fee is \$50.00 Due by September 14, 2007 | BK | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KUPISZEWSKI, STANLEY D JR 3070 WHITE IBIS WAY TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | 7-25-07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |

FILED
07 JUL 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0826898 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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07/27/07--01015--011 **150.00