

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 026 ***138.75

DOCUMENT # L03000008869

1. Entity Name
MONTOUR WESTERN WAY, LLC



Principal Place of Business
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE, FL 32202

Mailing Address
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE, FL 32202

50004725



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTOUR, GARY M
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE, FL 32202

**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	MGRM
NAME	MONTOUR, GARY M
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 2401
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

[Signature] **president**

4/16/08 9043581206

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

Date

Daytime Phone #

ATTACHMENT
50004725



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

ANNUAL REPORT NOTICE

0034055 01 AV 0.101 **AUTO TS 0 1201 32202-501801



MONTOUR WESTERN WAY, LLC
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE FL 32202-5018

* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING *

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **L03000008869**

MONTOUR WESTERN WAY, LLC
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE FL 32202-5018

Note: This is not a change to the address of record.



CR2E095 - 1st 09/07

MONTOUR REAL ESTATE SERVICES, LLC.
004-355-1206
1 INDEPENDENT DR. FL 24
JACKSONVILLE, FL 32202-6039

12-00

Date 4/16/08

1157

63-4/830 FL
347

Pay to the
Order of

FLORIDA DEPT. OF STATE \$ 138.⁷⁵

Bank of America

ACH R/T 003100277

For L03 000000 8869

10630000471 005501953321 1157