

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90188 009 ****50.00

DOCUMENT # L03000009554

1. Entity Name
NAVARRE VENTURES, L.L.C.



Principal Place of Business
**25 W. CEDAR STREET, SUITE 304
PENSACOLA, FL 32501**

Mailing Address
**25 W. CEDAR STREET, SUITE 304
PENSACOLA, FL 32501**



2. Principal Place of Business - No P.O. Box #
8494 Navarre Parkway
Suite, Apt. #, etc.

3. Mailing Address
8494 Navarre Parkway
Suite, Apt. #, etc.

03012007 Chg-LLC CR2E083 (12/06)

City & State
Navarre, FL

City & State
Navarre, FL

4. FEI Number
26-1905899

Applied For
Not Applicable

Zip
32566

Country
USA

Zip
32566

Country
USA

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

6. Name and Address of Current Registered Agent

**BOROWSKI, T.A. JR
25 W. CEDAR STREET, SUITE 304
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name
William A. Pullum
Street Address (P.O. Box Number is Not Acceptable)
8494 Navarre Parkway
City
Navarre **FL** Zip Code
32566

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 **William A. Pullum** **3/5/07**
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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☒ Delete
NAME
BOROWSKI, T.A. JR
STREET ADDRESS
25 W. CEDAR STREET, SUITE 304
CITY-ST-ZIP
PENSACOLA, FL 32501

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgrm Pullum, William A.
8494 Navarre Parkway
Navarre, FL 32566** ☐ Change ☒ Addition

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

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

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

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: **William A. Pullum, Mgrm** **3/5/07** **850-939-2363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #