

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 020 ****50.00

DOCUMENT # L03000012144

1. Entity Name
HERMITAGE, LLC



Principal Place of Business
**2282 KILLEARN CENTER BOULEVARD
TALLAHASSEE, FL 32308**

Mailing Address
**2282 KILLEARN CENTER BOULEVARD
TALLAHASSEE, FL 32308**

2. Principal Place of Business
1701 HERMITAGE BLVD.

3. Mailing Address
1701 HERMITAGE BLVD.

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.
SUITE 202

04052004 Chg-LLC CR2E083 (10/03)

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
99-0826452

Applied For
Not Applicable

Zip Country
32308 USA

Zip Country
32308 USA

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

6. Name and Address of Current Registered Agent

**PARRISH, ROBERT R JR
2282 KILLEARN CENTER BOULEVARD
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1701 HERMITAGE BLVD.
SUITE 202
City **TALLAHASSEE** **FL** Zip Code **32308**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **PARRISH, ROBERT R JR**
STREET ADDRESS **2282 KILLEARN CENTER BOULEVARD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1701 HERMITAGE BLVD. SUITE 202**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 exemption stated in Section 119.07(3)(i), 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]

4/14/04

894.3330

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

Date

Daytime Phone #