

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 25, 2005 08:00 A  
Secretary of State

DOCUMENT # L03000027453

1. Entity Name

200 OFFICE COMPLEX, LLC



Principal Place of Business

200 E. GOVERNMENT STREET, SUITE 240-D  
PENSACOLA FL 32502

Mailing Address

200 E. GOVERNMENT STREET, SUITE 240-D  
PENSACOLA FL 32502

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

13-4258944

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

SPENCER, BRIAN K  
17 EAST MAIN STREET, SUITE 100  
PENSACOLA FL 32502

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SPENCER, BRIAN K  
STREET ADDRESS 200 E. GOVERNMENT STREET, SUITE 240-D  
CITY-ST-ZIP PENSACOLA FL 32502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000330084  
CITY-ST-ZIP 04/25/05-80144-012 50.00

TITLE MGRM ☐ Delete  
NAME SPENCER, CRYSTAL C  
STREET ADDRESS 200 E. GOVERNMENT STREET, SUITE 240-D  
CITY-ST-ZIP PENSACOLA FL 32502

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* BRIAN SPENCER 4/21/05