

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90121 006 ****55.00

DOCUMENT # L03000036426

1. Entity Name
AXIOM CAPITAL GROUP, LLC



Principal Place of Business
**1390 SUNSET BEACH DRIVE
NICEVILLE, FL 32578**

Mailing Address
**POST OFFICE BOX 5065
NICEVILLE, FL 32578**

2. Principal Place of Business
4588 Highway 20 East

3. Mailing Address
4588 Highway 20 East

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

01122004 Chg-LLC CR2E083 (10/03)

City & State
Niceville, Florida

City & State
Niceville, Florida

4. FEI Number
20-0248326

Applied For
Not Applicable

Zip
32578

Country
USA

Zip
32578

Country
USA

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

6. Name and Address of Current Registered Agent

**PERRY, AMY A ESQ
4477 LEGENDARY DRIVE
202
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
O'NEAL, ALAN M
POST OFFICE BOX 5065
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**4588 Highway 20 East, Suite B
Niceville, Florida 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
**MGRM
Herman L. Neese, Jr.
4588 Highway 20 East, Suite B
Niceville, Florida 32578**

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

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

TITLE
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☐ Change ☐ Addition

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

Herman L. Neese, Jr. - Herman L. Neese, Jr. - Member

Date

Daytime Phone #

1/19/04 (251) 897-8444