

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050500

1. Entity Name
ARTHUR LEE JORDAN, LLC



Principal Place of Business
**8626 SATSUMA AVE.
PENSACOLA, FL 32534**

Mailing Address
**8626 SATSUMA AVE.
PENSACOLA, FL 32534**



04162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0101703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STURGEN, WILLIAM M JR.
2253 COUNTRY PLACE CIRCLE
PENSACOLA, FL 32534-9501**

**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 rehashing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JORDAN, ARTHUR L
8626 SATSUMA AVE.
PENSACOLA, FL 32534**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JORDAN, BERTINA A
8626 SATSUMA AVE.
PENSACOLA, FL 32534**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

000000319220
04/20/05-80091-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Arthur Lee Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4-18-05 (850) 494-2197