

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 18, 2006 08:00 AM

Secretary of State

DOCUMENT # L03000051670

1. Entity Name

PENSACOLA HOLDING COMPANY, LLC



Principal Place of Business

5147 NORTH 9TH AVENUE
SUITE 110
PENSACOLA, FL 32504

Mailing Address

5147 NORTH 9TH AVENUE
SUITE 110
PENSACOLA, FL 32504



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEJONG, JOHN T
5147 NORTH 9TH AVENUE
SUITE 110
PENSACOLA, FL 32504

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEJONG, JOHN T
5147 N 9TH AVE., SUITE 110
PENSACOLA, FL 32504

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

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

01/12/2006 850 479-7229

Date

Daytime Phone #