

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000051884**

1. Entity Name  
SIMPSON FINANCE, L.L.C.



Principal Place of Business

3411 OAKMONT DRIVE  
PENSACOLA, FL 32503

Mailing Address

3411 OAKMONT DRIVE  
PENSACOLA, FL 32503

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

52-2418639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONALD WARD SIMPSON  
3411 OAKMONT DRIVE  
PENSACOLA, FL 32503

**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 \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U00000788092  
01/18/08-80027-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DONALD WARD SIMPSON  
3411 OAKMONT DRIVE  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SIMPSON, LYDIA  
3411 OAKMONT DRIVE  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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]*

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

Date

Daytime Phone #

1/14/08

850-458-5000