

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90026 003 ****50.00

DOCUMENT # L03000053569

1. Entity Name
GARY L. HEPBURN, L.L.C.



Principal Place of Business
**24182 LONE STAR RD
TALLAHASSEE, FL**

Mailing Address
**919 MALLOY RD
OCHLOCKNEE, GA 31773**

70005233



2. Principal Place of Business

2708-A Power Mill Ct

3. Mailing Address

Suite, Apt. #, etc.

02132006

Chg-LLC

CR2E083 (11/05)

City & State

Tallahassee FL

City & State

4. FEI Number

20-0489627

Applied For

Not Applicable

Zip

32310

Country

USA

Zip

Country

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

**GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS DR
SUITE 108
TALLAHASSEE, FL 32308**

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 a registered agent.

SIGNATURE

Signature, typed or printed name of registrant and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HEPBURN, GARY L
147 SKYLINE DR
THOMASVILLE, GA 31757**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**919 Malloy Rd
Ochlocknee, GA 31773**

☒ Change ☐ Addition

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06
Date

(229) 224-1555
Daytime Phone #