

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000054748

1. Entity Name

NORTH FLORIDA SOUND L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

Principal Place of Business
1960 US 1 SOUTH #40
ST AUGUSTINE FL 32086

Mailing Address
1960 US 1 SOUTH #40
ST AUGUSTINE FL 32086



2. Principal Place of Business
1960 US 1 South
Suite, Apt. #, etc.
40

3. Mailing Address
1960 US 1 South
Suite, Apt. #, etc.
40

2nd MOORE CR2E083 (4/06)

City & State
St. Augustine, FL
Zip
32086
Country
USA

City & State
St. Augustine, FL
Zip
32086
Country
USA

4. FEI Number 20-0629023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIBBIN, JOHN A
40 WESTMINSTER DR
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name John A Gribbin
Street Address (P.O. Box Number is Not Acceptable)
40 Westminister Dr.
City Palm Coast FL Zip Code 32164

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

9-20-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME GRIBBIN, JOHN A
STREET ADDRESS 40 WESTMINSTER DR
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300081388823
CITY-ST-ZIP 10/31/06--01053--005 **150.00

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

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

REINSTATEMENT

2006

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

Date

Daytime Phone *

9-20-06

904 829-9495