

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055719

1. Entity Name
JONATHAN MOSTYN LLC



FILED

07 JUL 24 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1536 ALSHIRE CT. N
TALLAHASSEE, FL 32317

Mailing Address
1536 ALSHIRE CT. N
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #
2867 INDUSTRIAL PLAZA DRIVE
Suite, Apt. #, etc.
D

3. Mailing Address
2867 INDUSTRIAL PLAZA DR
Suite, Apt. #, etc.
D

City & State
TALL, FL

City & State
TALL, FL

07242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32301

Country
LEON

Zip
32301

Country
LEON

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

6. Name and Address of Current Registered Agent

MOSTYN, JONATHAN
2034 HARRIET DRIVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Mostyn, Jonathan
Street Address (P.O. Box Number is Not Acceptable)

2807 Industrial Plaza Drive Suite D
City Tallahassee FL Zip Code 32301

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)

7/24/07
DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MOSTYN, JONATHAN ☐ Delete
STREET ADDRESS 2034 HARRIET DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGRM
NAME RUTLAND, SHANE ☒ Delete
STREET ADDRESS 2034 HARRIET DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 2867 INDUSTRIAL PLAZA DRIVE SUITE-D
CITY-ST-ZIP TALL, FL 32301

TITLE
NAME
STREET ADDRESS 600106819186
CITY-ST-ZIP 07/27/07--01035--003 **50.00

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

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

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

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

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 #

7/24/07