

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90031 045 ****50.00

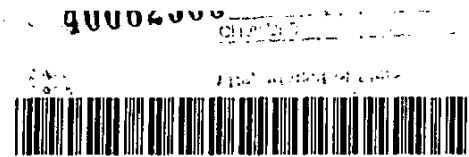
DOCUMENT # L03000056195

1. Entity Name
DOUGLAS W. SIRMON, LLC



Principal Place of Business
**9001 ASHVILLE DRIVE
PENSACOLA, FL 32514**

Mailing Address
**9001 ASHVILLE DRIVE
PENSACOLA, FL 32514**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0545640

Applied For
Not Applicable

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

**SIRMON, DOUGLAS W
1010 TUNIS STREET
PENSACOLA, FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

9001 ASHVILLE DR.

City **PENSACOLA**

FL

Zip Code **32514**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SIRMON, DOUGLAS W
1010 TUNIS STREET
PENSACOLA, FL 32503** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9001 ASHVILLE DR.
PENSACOLA, FL 32514** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Douglas W. Sirmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-13-05

850.5161557

Date

Daytime Phone #

Douglas W. Sirmon