

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90132 033 ****50.00

DOCUMENT # L04000000149

1. Entity Name
JIMMY L. HIGGINBOTHAM, LLC



Principal Place of Business
**43131 THOMAS CREEK ROAD
CALLAHAN, FL 32011**

Mailing Address
**43131 THOMAS CREEK ROAD
CALLAHAN, FL 32011**

14027191



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

51-0496918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, JIMMY L
43131 THOMAS CREEK ROAD
CALLAHAN, FL 32011**

7. Name and Address of New Registered Agent

Name **JENNY HIGGINBOTHAM**

Street Address (P.O. Box Number is Not Acceptable)
5484 CHAMBERS WAY

JACKSONVILLE

City **JACKSONVILLE**

FL

Zip Code **32257**

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.

Jenny S Higginbotham

(NOTE: Registered Agent signature required when reinstating)

7/28/04

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HIGGINBOTHAM, JIMMY L**
STREET ADDRESS **43131 THOMAS CREEK ROAD**
CITY- ST- ZIP **CALLAHAN, FL 32011**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

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

Jimmy L HIGGINBOTHAM

Date

7/28/04 904-879-

Daytime Phone #

3661