

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L04000004361 1. Entity Name SEMINOLE LANDING, L.L.C.	
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Principal Place of Business 2215 SOUTH THIRD ST, STE 101 JACKSONVILLE BEACH, FL 32250	Mailing Address 2215 SOUTH THIRD ST, STE 101 JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE



04032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2433383	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AHERN, FRED L JR
2215 SOUTH THIRD ST, STE 101
JACKSONVILLE BEACH, FL 32250

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

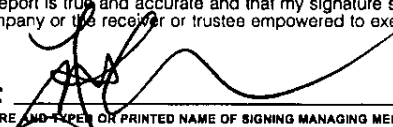
U00000890467
04/22/08-80096-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AHERN, FRED L JR 2215 SOUTH THIRD ST, STE 101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKSTEIN, JOSEPH P 2215 SOUTH THIRD ST, STE 101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLEIMAN, ELI T JR 2215 SOUTH THIRD ST, STE 101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALCHLE, BART A 2215 SOUTH THIRD ST, STE 101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

4/7/08 904-246-9994
Date Daytime Phone #