## **2005 LIMITED LIABILITY COMPANY**

## Aug 10, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000020757** 08-10-2005 90047 013 \*\*\*\*50.00 THE STEPHEN A. VICK COMPANY, LLC Principal Place of Business Mailing Address 320 CYPRESS ST. 320 CYPRESS ST. DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address P. O. BOX 5528 193 STAHLMAN AVENDE Suite, Apt. #, etc. Suite, Apt. #, etc. 07082005 Chg-LLC CR2E083 (10/03) <del>775</del>3 City & State City & State 4. FEI Number Applied For DESTIN, FL 20-0905644 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired OKALOOSA OKALOOSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUGHT, BRUCE A Street Address (P.O. Box Number is Not Acceptable) **385 HIGHWAY 98** 220 DESTIN, FL 32541 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete MLE ☐ Change ☐ Addition VICK, STEPHEN A NAME NAME 320 CYPRESS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete MLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

**FILED** 

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE