

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000023625

1. Entity Name

SUWANNEE VALLEY REALTY, LLC



Principal Place of Business

Mailing Address

24882 US HIGHWAY 129
O'BRIEN FL 32071

POST OFFICE BOX 288
BANFORD FL 32008



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2579717

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

7. Name and Address of New Registered Agent

NORRIS, JOHN E
C/O NORRIS & FOREMAN, P.A.
253 N.W. MAIN BOULEVARD
LAKE CITY FL 32056-2349

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Delete
HUMPHRIES, JO ELLA
STREET ADDRESS 24896 US HIGHWAY 129
CITY-ST-ZIP BRANFORD FL 32008

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
U00000637002
02/26/07-80041-024 50.00

TITLE NAME MGR ☐ Delete
HUMPHRIES, DANNY J
STREET ADDRESS 24882 US HIGHWAY 129
CITY-ST-ZIP O Brien FL 32071

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

TITLE NAME MGR ☐ Delete
GAYLARD, ARCHIE W
STREET ADDRESS 7183 240TH STREET
CITY-ST-ZIP O Brien FL 32071

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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 Section 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:

JO ELLA HUMPHRIES

Jo Ella Humphries

2-9-07

386-935-1504

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

Date

Daytime Phone #