

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90335 027 ***138.75

DOCUMENT # L04000029753

1. Entity Name

PONCE INLET INVESTMENTS, L.L.C.



Principal Place of Business

15105 N.W. 94TH AVENUE
ALACHUA, FL 32615

Mailing Address

15105 N.W. 94TH AVENUE
ALACHUA, FL 32615

00010474



02192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1032330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, ROBERT D
15105 N.W. 94TH AVENUE
ALACHUA, FL 32615

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WALLACE, ROBERT D
STREET ADDRESS 15105 N.W. 94TH AVENUE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE MGRM
NAME GAW, DEBORAH A
STREET ADDRESS 15105 N.W. 94TH AVENUE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Robert D. Wallace Robert D. Wallace

3/6/08

386-462-5825

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

Date

Daytime Phone #