

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037117

Entity Name: MYERS P D & O, LLC

FILED  
Feb 27, 2007  
Secretary of State

**Current Principal Place of Business:**

2140 KINGSLEY AVENUE, SUITE 9  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2140 KINGSLEY AVENUE, SUITE 9  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 20-1128637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, GARY R  
2140 KINGSLEY AVE., SUITE 9  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MYERS, DONNIE A  
Address: 2140 KINGSLEY AVENUE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete  
Name: MYERS, GARY R  
Address: 2140 KINGSLEY AVENUE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MYERS, GARY R  
Address: 2140 KINGSLEY AVENUE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Change ( ) Addition  
Name: MYERS, JULIA D  
Address: 2140 KINGSLEY AVENUE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY R MYERS

MGRM

02/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date