

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90117 046 \*\*\*138.75

**DOCUMENT # L04000044115**



1. Entity Name  
ALABASTER HILL, L.L.C.

Principal Place of Business  
354 SUDDUTH CIRCLE  
FORT WALTON BEACH, FL 32548

Mailing Address  
354 SUDDUTH CIRCLE  
FORT WALTON BEACH, FL 32548

**60016205**



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

3. Mailing Address  
Post Office Box 520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
Fort Walton Beach, FL

4. FEI Number  
20-2236104

Applied For  
Not Applicable

Zip

Country

Zip  
32549-0520

Country  
OKALOOSA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNDON, BRADLEY P  
25 WALTER MARTIN RD STE 201  
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name  
Bradley P. Herndon  
Street Address (P.O. Box Number is Not Acceptable)  
25 Walter Martin Road, Suite 202  
City  
Fort Walton Beach, FL Zip Code  
32548

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HERNDON, ASHLEY SMITH  
354 SUDDUTH CIRCLE  
FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HERNDON, BRADLEY P  
354 SUDDUTH CIRCLE  
FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

3/19/08

Date

850-226-6601

Daytime Phone #