

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000045080**

1. Entity Name  
**OVERSTREET PROPERTIES, LLC**



Principal Place of Business  
**675 ANDERSON CT  
SATELLITE BEACH, FL 32937**

Mailing Address  
**675 ANDERSON CT  
SATELLITE BEACH, FL 32937**



03302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2215354**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OVERSTREET, DEBORAH V  
675 ANDERSON CT  
SATELLITE BEACH, FL 32937**

**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  
**04/28/08-80016-004 138.75**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
OVERSTREET, DEBORAH V  
675 ANDERSON CT  
SATELLITE BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
TRICKEY, KELLY O  
675 ANDERSON CT  
SATELLITE BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
BROWN, TREBOR S  
1105 SHANA CIR, SUITE 1  
MARIETTA, GA 30066**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #