

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000045383

1. Entity Name
SUGGS FAMILY, LLC



Principal Place of Business
11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 32430

Mailing Address
11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 23430



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1472479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGGS, JIMMY C
11998 NW SUGGS ATTAWAY ROAD
CLARKSVILLE, FL 23430

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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

000000875065
04/11/08 00057 020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEDDIE, C. PATRICIA
STREET ADDRESS	3007 N.W. 58TH BLVD.
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	MGRM
NAME	SUGGS, JIMMY C
STREET ADDRESS	11998 NW SUGGS ATTAWAY ROAD
CITY-ST-ZIP	CLARKSVILLE, FL 23430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:

Jimmy Suggs Jimmy Suggs

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

3-28-08

Date

856-674-8352

Daytime Phone #