

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

L04000045977

DOCUMENT # L04 0000 45977

1. Entity Name

Highway 20 Ben STOUT Rd, LLC



FILED

07 APR 30 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600099890416

05/01/07--01001--001 **200.00

CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4178 Appalochee Pkwy

Suite, Apt. #, etc.

Tallahassee, FL

3. Mailing Address

4178

Suite, Apt. #, etc.

Tallahassee, FL

City & State

FL

City & State

FL

Zip

32311

Country

USA

Zip

32311

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Johnny Petrandis

Street Address (P.O. Box Number is Not Acceptable)

4178

Appalochee Pkwy

City

Tallahassee, FL

FL

Zip Code

32311

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

msm
Johnny Petrandis, II
4178 Appalochee Pkwy
Tallahassee, FL 32311

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #