

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051089

1. Entity Name
VICKI SIMMONS, LLC



Principal Place of Business
4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303

Mailing Address
4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303

FILED

08 APR -3 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, VICKI B
4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303

**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 fee if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMMONS, VICKI B
STREET ADDRESS	4144 MCLEOD DRIVE
CITY-STATE-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/04/08--01011--003 **138.75

**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:

Vicki B. Simmons

4/3/08

545-0915

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

Date

Daytime Phone #