



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90016 010 ***138.75

DOCUMENT # L04000053266 1. Entity Name SIA DEVELOPMENT, LLC					
Principal Place of Business 2020 WATKINS AVE PANAMA CITY, FL 32407			Mailing Address 2020 WATKINS AVE PANAMA CITY, FL 32407		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-2056193	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, JOSEPH D 2020 WATKINS AVE PANAMA CITY, FL 32407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISHOP, JOSEPH D 2020 WATKINS AVE PANAMA CITY, FL 32407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STATEN, SKYE A 721 BUNKERS COVE RD PANAMA CITY, FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 		JOSEPH D. BISHOP		04-15-08	850-236-7000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

00000441



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2056193

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BISHOP, JOSEPH D
2020 WATKINS AVE
PANAMA CITY, FL 32407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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Make check payable to
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9. MANAGING MEMBERS/MANAGERS

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CITY-ST-ZIP

MGRM
BISHOP, JOSEPH D
2020 WATKINS AVE
PANAMA CITY, FL 32407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
STATEN, SKYE A
721 BUNKERS COVE RD
PANAMA CITY, FL 32401

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

4444 Ashland Road
Panama City, FL 32405

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CITY-ST-ZIP

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

04-15-08

Date

850-236-7000

Daytime Phone #