

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90119 033 ****50.00

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1. Entity Name

STATLER AVE. PROPERTIES, L.L.C.



Principal Place of Business

7465 N. PALAFOX STREET
PENSACOLA, FL 32503

Mailing Address

P.O. BOX 11577
PENSACOLA, FL 32524

60033000



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1547365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, DONALD W
7465 N. PALAFOX STREET
PENSACOLA, FL 32503

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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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOORE, DONALD W
STREET ADDRESS	7465 N. PALAFOX STREET
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	MGRM
NAME	HAROLD & HAROLD PROPERTIES
STREET ADDRESS	6351 RAMBLER DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
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:

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

Date

Daytime Phone #