

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 028 ****50.00

DOCUMENT # L04000065680

1. Entity Name

JERNIGAN FAMILY, LLC



Principal Place of Business

520 NORTH MAIN STREET
CRESTVIEW FL 32536

Mailing Address

520 NORTH MAIN STREET
CRESTVIEW FL 32536



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number
20-1579437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JERNIGAN, JACK
520 NORTH MAIN STREET
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE M ☐ Delete
NAME JERNIGAN, JACK C
STREET ADDRESS 4069 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL 32541

TITLE MGRM ☒ Change ☐ Addition
NAME Jernigan, Jack C
STREET ADDRESS 4069 Indian Trail
CITY-ST-ZIP Destin, FL 32541

TITLE OM ☐ Delete
NAME AUTREY, APRIL L
STREET ADDRESS 6124 BEASLEY ROAD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE MGR ☒ Change ☐ Addition
NAME Autrey, April
STREET ADDRESS 6124 Beasley Rd.
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

April Autrey

April Autrey

03/20/2007

(850) 423-1117

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

Date

Daytime Phone #