

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000066968**

1. Entity Name  
REGIONS DEVELOPMENT LTD. CO.



Principal Place of Business  
41 FELI WAY  
CRAWFORDVILLE, FL 32327 US

Mailing Address  
41 FELI WAY  
CRAWFORDVILLE, FL 32327 US



03182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1645114

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GAMMON, STEPHEN R  
41 FELI WAY  
CRAWFORDVILLE, FL 32327

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000865455  
04/07/08-80029-012 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GAMMON, STEPHEN R
STREET ADDRESS	39 AUCILLA STREET
CITY-ST-ZIP	PANACEA, FL 32346
TITLE	MGRM
NAME	ROBERTS, JASON A
STREET ADDRESS	615 OAK WOOD TR. N.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

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

**3-19-08 850-926-5088**

Date

Daytime Phone #