

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000075867

1. Entity Name

AIRPORT COMMERCE PARK DEVELOPMENT GROUP, LLC



FILED
Aug 08, 2008 08:00 AM
Secretary of State



Principal Place of Business
158 BARBERRY LANE
PONTE VEDRA BEACH FL 32082

Mailing Address
JOHN H. LATSHAW, JR.
158 BARBERRY LANE
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2nd MOORE CR2E083 (4/08)

4. FEI Number **56-2494621**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LATSHAW, JOHN H JR
158 BARBERRY LANE
PONTE VEDRA BEACH FL 32082

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATSHAW, JOHN H JR.		NAME		
STREET ADDRESS	158 BARBERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSPREY INVESTMENTS, LLC		NAME		
STREET ADDRESS	517 PONTE VEDRA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *John H. Latshaw* Managing Member **8/4/08** **(904) 224-0324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #