

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089773

1. Entity Name
SRBC III, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 AM 10:49

Principal Place of Business

266 BASQUE ROAD
SAINT AUGUSTINE, FL 32080

Mailing Address

P.O. BOX 299
ST. AUGUSTINE, FL 32085



04022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number

45-0559443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OUREDNIK, KAREL IV
4925 BEACH BLVD.
OUREDNIK LAW OFFICES, P.A.
JACKSONVILLE, FL 32207

**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

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

FF \$50

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KUNTZ, LUIZ C
266 BASQUE ROAD
SAINT AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200106365772
07/19/07--01003--005 **200.00

**DO NOT WRITE
IN THIS SPACE**

BLT

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 #