

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2: 25

DOCUMENT # L04000090292

1. Entity Name
UNSURVEY, LLC



Principal Place of Business
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 US

Mailing Address
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 US

600121539576
03/28/08--01035--009 **0.15



02052008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number
20-2025644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOREHAND, CHRISTOPHER
203 ~~AMBERDEEN PKWY~~ Aberdeen Pkwy
PANAMA CITY, FL 32405

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

2/22/08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FOREHAND, CHRISTOPHER
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600121539576
03/28/08--01035--003 **23.10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PITTS, ERIC H
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600121539576
03/28/08--01035--004 **23.10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAXLEY, JOSH B
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600121539576
03/28/08--01035--005 **23.10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NOLES, MARK R
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600121539576
03/28/08--01035--006 **23.10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARTLETT, DAVID J
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600121539576
03/28/08--01035--007 **23.10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JUSTICE, TRAVIS K
203 ABERDEEN PKWY
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600121539576
03/28/08--01035--008 **23.10

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/22/08

Date

850.596.1235

Daytime Phone #