## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011222

Entity Name: PARKS & HENDERSON II, LLC

FILED Feb 19, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1614 MAHAN CENTER BLVD 801 W. ROMANA ST.

PENSACOLA, FL 32501 US STE 104

TALLAHASSEE, FL 32308

**Current Mailing Address: New Mailing Address:** 

1614 MAHAN CENTER BLVD PO BOX 13449

STE 104 PENSACOLA, FL 32591 US TALLAHASSEE, FL 32308 US

FEI Number: 20-2333133 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDERSON, CHAD C HENDERSON, CHAD C 801 W. ROMANA ST. 421 WILSON ÁVENUE

TALLAHASSEE, FL 32303 US PENSACOLA, FL 32501 US

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.

SIGNATURE: 02/19/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

( ) Delete Title: (X) Change ( ) Addition

HENDERSON, CHAD C HENDERSON, CHAD C Name: Name: Address: 421 WILSON AVE Address: 801 W. ROMANA ST. City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: PENSACOLA, FL 32501 US

Title: MR. (X) Delete Title: () Change () Addition

SCHOFIELD, BRYAN W Name: Name: Address: 2195 MARIETTA AVE Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

BUCKLEY, RICHARD A Name: BUCKLEY, RICHARD A Name: 1625 E LLOYD ST 801 W. ROMANA ST. Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD C HENDERSON 02/19/2008