

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000014044

1. Entity Name
JAMES H. PRESCOTT, LLC



Principal Place of Business
3311 NOHLCREST PL
PLANT CITY, FL 33566

Mailing Address
3311 NOHLCREST PL
PLANT CITY, FL 33566

138.75
FILED
08 FEB 22 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-4023550

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, ROBERT S
128 SALEM COURT
TALLAHASSEE, FL 32301

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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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PRESCOTT, JAMES T
3311 NOHLCREST PL
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2-18-08

Date

813-828-1571

Daytime Phone #