

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000023064

1. Entity Name
ADKINSON LAND TITLE LLC



Principal Place of Business
41 SOUTH 6TH STREET
DEFUNIAK SPRINGS, FL 32435

Mailing Address
41 SOUTH 6TH STREET
DEFUNIAK SPRINGS, FL 32435

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

09242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
37-1506411

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

ADKINSON, CLAYTON J
41 SOUTH 6TH STREET
DEFUNIAK SPRINGS, FL 32435

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME ADKINSON, RHONDA R
STREET ADDRESS P.O. BOX 1207
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE MGRM ☐ Change ☒ Addition
NAME Clayton J.M. Adkinson
STREET ADDRESS 41 South 6th Street
CITY-ST-ZIP DeFuniak Springs, FL 32435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Clayton J.M. Adkinson 9/24/08

850-892-5195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2008 SEP 24 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

