

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027191

1. Entity Name
PALMETTO BLUFF PROPERTIES, LLC



Principal Place of Business

619 BEAMS DRIVE
EUFULA, AL 36027

Mailing Address

P.O. BOX 130
EUFULA, AL 36072

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2532867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, SCOTT M
CLARK, PARTINGTON, HART
34990 EMERALD COAST PARKWAY, SUITE 301
DESTIN, FL 32541

**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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
MARSHALL, EDGAR C
P.O. BOX 7069
DESTIN, FL 32540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
EDWARDS, LANIER J
619 BEAMS DRIVE
EUFULA, AL 36027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

000000956187
07/24/08-80001-029 138.75

**DO NOT WRITE
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

Date

Daytime Phone #

7/17/08

334-687-6000