

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # 1050000360410

1. Entity Name

Colony LLC



FILED

07 AUG 20 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18910 Blountstown Hwy
Suite, Apt. #, etc.

3. Mailing Address

18910 Blountstown Hwy
Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

34-2041693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Donald E. Creel

Street Address (P.O. Box Number is Not Acceptable)

18910 Blountstown Hwy

City

Tallahassee

FL

Zip Code

32310

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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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEM
Donald E. Creel
18910 Blountstown Hwy
Tallahassee FL 32310

TITLE
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CITY-ST-ZIP

400109394434
08/21/07--01085--015 **50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

08/20/07