

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 22, 2010
Secretary of State

Entity Name: SLG HOLZ, LLC

Current Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2848141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZ, F. LOGAN
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PCEO
Name: HOLZ, F. LOGAN
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: CHMN
Name: STOKES, E. CHESTER JR
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP
Name: KUNKEL, JOHN C
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPSE
Name: HOLM, MALLORY G
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPTR
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: AS
Name: LAWARRE, JOY L
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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: F. LOGAN HOLZ

PCEO

04/22/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date