

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000051553

1. Entity Name
NEW ALBANY, LLC



Principal Place of Business
**660 COX ROAD
SUITE 6
COCOA, FL 32926**

Mailing Address
**660 COX ROAD
SUITE 6
COCOA, FL 32926**



03112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2902072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L
3490 NORTH US HIGHWAY 1
COCOA, FL 32926**

**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
After May 1, 2008 Fee will be \$538.75

000000856905
03/28/08-80030-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAYHURT, PAUL W
STREET ADDRESS	1450 JENNINGS LANE S
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGR
NAME	JOHNS, JR, CARL E
STREET ADDRESS	4035 QUAIL PATH ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #