

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90013 004 ****50.00

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07242007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-2916516** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGTON, ROBERT A
30 PRUESS DR.
FREEPORT, FL 32439

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HOLLINGTON, ROBERT A**
STREET ADDRESS **30 PRUESS DR.**
CITY - ST - ZIP **FREEPORT, FL 32439**

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **James A. Bishop**
STREET ADDRESS **787 Smith Rd**
CITY - ST - ZIP **DeFuniak Spgs, FL 32433**

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: Robert A. Hollington 7-24-07 850-830-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #