

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-28-2008 90101 027 ***138.75

DOCUMENT # L05000059324

1. Entity Name
LOT 27, LLC



Principal Place of Business
605 GREENWICH CIR
VESTAVIA HILLS, AL 35216

Mailing Address
605 GREENWICH CIR
VESTAVIA HILLS, AL 35216

30002619



DO NOT WRITE IN THIS SPACE

02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2980974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GENETTI, THOAMS K
1050 HIGHWAY 98
UNIT 1406
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 reappointing)

DATE

2-15-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
M
KYNERD, KEVIN B
615 GREENWICH CIRCLE
VESTAVIA HILLS, AL 35216

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
M
COOPER, CARTER
381 SUMMIT BLVD
BIRMINGHAM, AL 35243

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
M
GENETTI, THOMAS K
605 GREENWICH CIRCLE
VESTAVIA HILLS, AL 35216

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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 #

3-15-08 205.871.8146