

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064354

1. Entity Name
BARBER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 PM 3:42

Principal Place of Business
3333 DOUGLAS ROAD
PANAMA CITY, FL 32405

Mailing Address
P.O. BOX 1296
LYNN HAVEN, FL 32444



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3903660

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

BARBER, JOSHUA D
3333 DOUGLAS ROAD
PANAMA CITY, FL 32405

**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 Joshua D Barber
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/08
DATE

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
MGRM
BARBER, JOSHUA D
3333 DOUGLAS ROAD
PANAMA CITY, FL 32405

TITLE
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CITY-ST-ZIP

4/21/08

200129446232
05/14/08--01015--014 **350.00

**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: Joshua D Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08
Date

Daytime Phone #