

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000066879

1. Entity Name
GUANA LANDING, LLC



Principal Place of Business
**4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224**

Mailing Address
**4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224**



03252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3110526

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLG MANAGEMENT SERVICES, LLC
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224**

**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]
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**

U000000874894
04/11/08-80002-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN STOKES, E. CHESTER JR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KILLEBREW, JESSE 2303 NORTH PONCE DELEON BLVD., SUITE K ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAREN, MICHAEL E 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSE HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224

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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 #

[Signature] Mallory Gayle Holm 3/26/8 9044821100