

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000072966

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA HERITAGE GROUP, LLC

**Current Principal Place of Business:**

8981 S. STATE ROAD 228  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

8981 S. STATE ROAD 228  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 32-0156181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YARBOROUGH, JAMES  
8981 S. STATE ROAD 228  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** YARBOROUGH, JAMES  
**Address:** 8981 S. STATE ROAD 228  
**City-St-Zip:** MACCLENNY, FL 32063

**Title:** MGRM  
**Name:** COLBERT, DENNIS J  
**Address:** 10440 SYLVAN LANE WEST  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** MGRM  
**Name:** YOUNG, MARCUS G  
**Address:** 311 SOUTH FIRST STREET  
**City-St-Zip:** MACCLENNY, FL 32063

**Title:** MGRM  
**Name:** WILSON, RUSSELL L  
**Address:** 155 NITRAM STREET  
**City-St-Zip:** JACKSONVILLE, FL 32211

**Title:** MGRM  
**Name:** COOK, JEFFREY T  
**Address:** 11932 N. STATE RD 121  
**City-St-Zip:** MACCLENNY, FL 32063

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JEFFREY T. COOK

MGRM

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date