

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077823

Entity Name: ESCAMBIA, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

ONE WEST LLOYD STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

406 EAST 4TH STREET
WINSTON SALEM, NC 27101

New Mailing Address:

FEI Number: 20-4392445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVCIES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1400
ORLANDO, FL 32801 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: M () Delete
Name: SUNBELT LIMITED, INCORPORATED
Address: ONE WEST LLOYD STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: M () Delete
Name: LANDMARK ASSET SERVICES, INC.
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 271014112 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUNBELT LIMITED, INCORPORATED
Address: ONE WEST LLOYD STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: MGRM (X) Change () Addition
Name: LANDMARK ASSET SERVICES, INC.
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 271014112 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWIN HANSEN, P. OF SUNBELT LTD, INC.

P

04/16/2009

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