

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000084170

1. Entity Name
JEFF STANDRIDGE ENTERPRISES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 AM 11:15

Principal Place of Business
214 EMERALD COAST CLUB BLVD
PANAMA CITY BEACH, FL 32407 US

Mailing Address
214 EMERALD COAST CLUB BLVD
PANAMA CITY BEACH, FL 32407 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3374028

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANDRIDGE, JEFFREY L
1219 THOMAS DRIVE
#68
PANAMA CITY BEACH, FL 32408

Name STANDRIDGE, JEFFREY L
Street Address (P.O. Box Number is Not Acceptable)
214 EMERALD COAST CLUB BLVD
City PANAMA CITY BEACH FL Zip Code 32407

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 re-registering)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME STANDRIDGE, JEFFREY L ☐ Delete
STREET ADDRESS 1219 THOMAS DRIVE #68
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE MGRM
NAME STANDRIDGE, JEFFREY L ☒ Change ☐ Addition
STREET ADDRESS 214 EMERALD COAST CLUB BLVD
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500106630049
CITY-ST-ZIP 07/24/07--01023--025 **50.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-5-07

850-625-5656