

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000085953

1. Entity Name
PIER POINT 508, LLC



Principal Place of Business
580 ATLANTIC BOULEVARD
NEPTUNE BEACH, FL 32266

Mailing Address
580 ATLANTIC BOULEVARD
NEPTUNE BEACH, FL 32266



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3450562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PROCTOR, STEPHEN P
580 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

0000008595307

04/07/08-80031-014 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PROCTOR, STEPHEN P
STREET ADDRESS	580 ATLANTIC BOULEVARD
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	MGRM
NAME	PROCTOR, JACK F
STREET ADDRESS	4495 GOLDCREST LN
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	PROCTOR, BETTY LEE
STREET ADDRESS	4495 GOLDCREST LN
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	PROCTOR, JOSEPH F
STREET ADDRESS	1344 PINWOOD RD
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MGRM
NAME	PROCTOR, ELIZABETH W
STREET ADDRESS	1012 BUDDY CROUT LN
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	MGRM
NAME	AVERETT, CHRISTINE
STREET ADDRESS	2529 NEWPORT AVE
CITY-ST-ZIP	CARDIFF BY THE SEA, CA 92007

**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: _____

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

02-26-08

Date

(904) 249-0179

Daytime Phone #