

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3679894 Applied For Not Applicable

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

DOCUMENT # L05000086128

1. Entity Name
BLANDING COMMERCIAL, LLC



Principal Place of Business
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

Mailing Address
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

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

5851 TIMUQUANA Rd

Suite, Apt. #, etc.

301

City & State

JACKSONVILLE FL

Zip

32210

Country

FLORIDA

3. Mailing Address

5851 TIMUQUANA Rd

Suite, Apt. #, etc.

301

City & State

JACKSONVILLE FL

Zip

32210

Country

FLORIDA

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5851 TIMUQUANA Rd

Suite 301

City

JACKSONVILLE

FL

Zip Code

32210

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KENDALS G.P. INC.
STREET ADDRESS 4501 BEVERLY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME KENDALE G.P. INC
STREET ADDRESS 5851 TIMUQUANA Rd Ste 301
CITY-ST-ZIP JACKSONVILLE FL 32210

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Kenyon S Atlee Kenyon S Atlee 4-25-07 904-384-6964

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

Date

Daytime Phone #