

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000088452 1. Entity Name TIER ONE LLC	
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Principal Place of Business
460 TURKEY CREEK
ALACHUA, FL 32615

Mailing Address
460 TURKEY CREEK
ALACHUA, FL 32615



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3433656

Applied For
Not Applicable

5. Certificate of Status Desired ☐

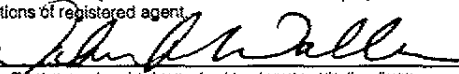
\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JOHN A
460 TURKEY CREEK
ALACHUA, FL 32615

**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)

3/23/2007

DATE

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

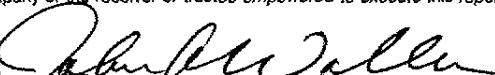
1100000681371
04/04/07-80041-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, JOHN A 460 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOOLITTLE, GUERRY B 8538 SW 14TH LANE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, JERRY R 160 DERBY WOODS DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

3/23/2007 352-378-89106

Date

Daytime Phone #