

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000099838

1. Entity Name
GRIFFIN OCEAN 21, LLC



Principal Place of Business
**% WILLIAM F. GRIFFIN, JR.
2679 RIVERPORT DRIVE, NO.
JACKSONVILLE, FL 32223**

Mailing Address
**P.O. BOX 23010
JACKSONVILLE, FL 32241**



07112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIN, WILLIAM F JR.
2679 RIVERPORT DRIVE, NO.
JACKSONVILLE, FL 32223**

**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

William Griffin
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-07

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

000000770513
07/25/07-80006-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GRIFFIN, WILLIAM F TRUSTEE
2679 RIVERPORT DRIVE, NO.
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GRIFFIN, MITZIE T TRUSTEE
2679 RIVERPORT DRIVE, NO.
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

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

DATE

Daytime Phone #

7-12-07