

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90124 045 ***138.75

DOCUMENT # L05000104404

1. Entity Name
PRYOR ENTERPRISES, LLC



Principal Place of Business
99 EGLIN PARKWAY NE, SUITE 46
FORT WALTON BEACH, FL 32548

Mailing Address
99 EGLIN PARKWAY NE, SUITE 46
FORT WALTON BEACH, FL 32548

2. Principal Place of Business - No P.O. Box #
11 Racetrack Rd, NE

3. Mailing Address
11 Racetrack Rd, NE

Suite, Apt. #, etc.
Suite H-1

Suite, Apt. #, etc.
Suite H-1

City & State
Ft. Walton Beach, FL

City & State
Ft. Walton Beach, FL

Zip
32547

Country
USA

Zip
32547

Country
USA

03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4586048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
4 ELEVENTH AVENUE, SUITE ONE
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SASSER, WILLIAM M
900 ADAMS CROSSING, SUITE 12300
CINCINNATI, OH 45202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

Date: 4/1/08 Daytime Phone #: 53-421-0071