2006 LIMITED LIABILITY-COMPANY ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # L05000105741** 02-02-2006 90094 021 \*\*\*150.00 1. Entity Name E.T. GRIFFIN ENTERPRISES, LLC Principal Place of Business Mailing Address 7561 A1A SOUTH ST. AUGUSTINE FL 32080 7561 A1A SOUTH ST. AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLD, KATHLEEN H Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 2301** JACKSONVILLE FL 32202 City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM Delete TITLE Change ■ Addition NAME GRIFFIN, TERESA NAME STREET ADDRESS STREET ADDRESS 7561 A1A SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32080 TITLE ☐ Daleta TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-S1-2IP CITY-ST-ZIP DD F \_ Dolete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME MALF STREET ADDRESS STREET ADDRESS CITY-ST-28P CITY-ST-ZIP TIRE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SE-2IP CITY ST-71P TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. 2/17/06 904-460-95 SIGNATURE:

ER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 23, 2006 8:00 am



## ATTACHMENT 3000896

## FLORIDA DEPARTMENT OF STATE Division of Corporations

- 1301 62 10002

E.T. GRIFFIN ENTERPRISES, LLC 7561 A1A SOUTH ST. AUGUSTINE, FL 32080

Subject: E.T. GRIFFIN ENTERPRISES, LLC

Reference Number:

L05000105741

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms ANNUAL REPORTS SECTION