

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 012 ****50.00

DOCUMENT # L05000105741

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3711231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

Name

Teresa D. Griffin

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

7561 A1A South

City

St. Augustine, FL

FL

Zip Code

32086

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

Teresa D. Griffin

(NOTE: Registered Agent signature required when reinstating)

2/4/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: GRIFFIN, TERESA
STREET ADDRESS: 7561 A1A SOUTH
CITY-ST-ZIP: ST. AUGUSTINE FL 32080

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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.

SIGNATURE:

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

Date

Daytime Phone #

Teresa D. Griffin *2/4/07*

904-460-9575