

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 030 ***138.75

DOCUMENT # L05000109828

1. Entity Name

MONTOUR 5143 UNIVERSITY, LLC



Principal Place of Business

% GARY M. MONTOUR
ONE INDEPENDENT DRIVE, STE. 2401
JACKSONVILLE, FL 32202

Mailing Address

% GARY M. MONTOUR
ONE INDEPENDENT DRIVE, STE. 2401
JACKSONVILLE, FL 32202

50004721



04162008No Chg-LLC

CR2E083 (12/07)

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

MONTOUR, GARY M
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE, FL 32202

**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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MONTOUR, GARY M
STREET ADDRESS	ONE INDEPENDENT DRIVE, STE. 2401
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #

Gary Montour President

4/16/08

904-3581206



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

50004721

ANNUAL REPORT NOTICE

0034020 01 AV 0.101 **AUTO TS 0 1201 32202-501801



MONTOUR 5143 UNIVERSITY, LLC
% GARY M. MONTOUR
ONE INDEPENDENT DRIVE, STE. 2401
JACKSONVILLE FL 32202-5018

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **L05000109828**

MONTOUR 5143 UNIVERSITY, LLC
% GARY M. MONTOUR
ONE INDEPENDENT DRIVE, STE. 2401
JACKSONVILLE FL 32202-5018

Note: This is not a change to the
address of record.



CR2E095 - 1# 09/07

MONTOUR REAL ESTATE SERVICES, LLC.

12-08

1158

004-358-1208
1 INDEPENDENT DR. FL 24
JACKSONVILLE, FL 32202-6030

Date 4/16/08

63-4/630 FL
347

Pay to the
Order of

Florida Dept of State \$ 138.75

one Hundred and Thirty Eight Dollars

Bank of America

ACH RUT 063100277

For

L05000109828

0630000471: 005501953321#1158