

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113525

FILED
Mar 13, 2010
Secretary of State

Entity Name: FLORIDA NORTHWEST HOLDINGS, LLC.

Current Principal Place of Business:

3116 CAPITAL CIRCLE NE
5
TALLAHASSEE, FL 32308

New Principal Place of Business:

2158 WHITE SANDS WAY
FERNANDINA BEACH, FL 32034

Current Mailing Address:

3116 CAPITAL CIRCLE NE
5
TALLAHASSEE, FL 32312

New Mailing Address:

2158 WHITE SANDS WAY
FERNANDINA BEACH, FL 32034

FEI Number: 20-3858547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAWS, STEVE
3116 CAPITAL CIRCLE NE
5
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

DAWS, STEVE
2158 WHITE SANDS WAY
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: STEVE DAWS

03/13/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DAWS, STEVE
Address: 2158 WHITE SANDS WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM
Name: ROBERTS, STEPHEN
Address: 2158 WHITE SANDS WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM
Name: CAYSON, SEDITA
Address: 3116 CAPITAL CIRCLE # 5
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: GESHWILER, RICHARD L
Address: 2158 WHITE SANDS WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM
Name: JON RUSSELL
Address: 6536 MOORINGS POINT CIRCLE #202
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD L GESHWILER

MGRM

03/13/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date