

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90226 018 ***138.75

DOCUMENT # L06000002251

1. Entity Name
COTHRAN PROPERTIES LLC



Principal Place of Business
**175 SANDY LANE
PORT ST. JOE, FL 32456**

Mailing Address
**175 SANDY LANE
PORT ST. JOE, FL 32456**

60013207



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O Box 71029

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Albany, Georgia

4. FEI Number
20-4758600

Applied For
Not Applicable

Zip

Country

Zip
31708

Country
USA

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

6. Name and Address of Current Registered Agent

**COTHRAN, CLINTON E
175 SANDY LANE
PORT ST. JOE, FL 32456**

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
COTHRAN, CLINTON E
175 SANDY LANE
PORT ST. JOE, FL 32328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Clinton E. Cothran

3-3-08

Date

229-886-1018

Daytime Phone #