

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90073 008 ***138.75

DOCUMENT # L06000009527

1. Entity Name
NORTH FLORIDA FINANCIAL PENSCOLA, LLC



Principal Place of Business
25 W CEDAR ST STE 665
PENSACOLA, FL 32502

Mailing Address
25 W CEDAR ST STE 665
PENSACOLA, FL 32502

60004369



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

4400 Bayou Blvd

Suite, Apt. #, etc.
Blgd 58A

City & State
Pensacola FL

Zip
32503

Country

3. Mailing Address

4400 Bayou Blvd

Suite, Apt. #, etc.
Blgd 58A

City & State
Pensacola FL

Zip
32503

Country

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4187718

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUY, RONALD
25 W CEDAR ST STE 665
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

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

4400 Bayou Blvd Blgd 58A
City Pensacola FL Zip Code 32503

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 RONALD GUY MGR

Ronald Guy

1-23-08

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 MGR
NAME GUY, RONALD
STREET ADDRESS 25 W CEDAR ST STE 665
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME RONALD GUY
STREET ADDRESS 4400 Bayou Blvd, Blgd 58A
CITY-ST-ZIP Pensacola, FL 32503 ☒ Change ☐ Addition

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

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

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

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

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

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: RONALD GUY MGR *Ronald Guy*

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

1-23-08 850-637-1699

Date

Daytime Phone #