

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-21-2007 90101 048 ****55.00

DOCUMENT # L06000012202 1. Entity Name NORTHWEST FLORIDA PIT 1, LLC					
Principal Place of Business 5805 SAUFLEY FIELD ROAD PENSACOLA FL 32526			Mailing Address 5805 SAUFLEY FIELD ROAD PENSACOLA FL 32526		
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	4. FEI Number 591491242	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET PENSACOLA FL 32502			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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	Manager Charles Heaton 5805 Saufley Field Rd. Pensacola, FL 32526 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Todd Stafford 5805 Saufley Field Rd. Pensacola, FL 32526 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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 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: <i>Charles W. Heaton</i> CHARLES W. HEATON 2-12-07 850-453-1253 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					