

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAR 26 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **76-0817480** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, DAVID A
22412 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32310

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BASS, DAVID A
22412 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500095245095
03/29/07--01050--012 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RADLEY, MICHAEL L
22412 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROY MOSES
3031 LUTHER HALL
TALL A 32310 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HAMILTON, ANTHONY O II
22412 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
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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:

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

Date

Daytime Phone #