

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000027822**

1. Entity Name  
**NORTH FLORIDA LAND HOLDINGS GROUP, LLC**



Principal Place of Business  
**561 ST. CLAUDE PLACE  
JACKSONVILLE, FL 32259**

Mailing Address  
**561 ST. CLAUDE PLACE  
JACKSONVILLE, FL 32259**

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

**20-4507340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LAVOIE, JASON  
561 ST. CLAUDE PLACE  
JACKSONVILLE, FL 32259**

**DO NOT WRITE  
IN THIS SPACE**

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**

000000876722  
04/11/08-80085-018 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LAVOIE, JASON
STREET ADDRESS	561 ST. CLAUDE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	WEBBER, TIMOTHY
STREET ADDRESS	561 ST. CLAUDE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	COWLING, LOUIS
STREET ADDRESS	561 ST. CLAUDE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	COWLING, CAROLYN
STREET ADDRESS	561 ST. CLAUDE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	WEBBER, MELISSA
STREET ADDRESS	561 ST. CLAUDE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	COWLING, ANGELA
STREET ADDRESS	561 ST. CLAUDE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Angela H. Cowling* *Angela G. Cowling* 2/26/08 9048080545