

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-29-2007 90144 012 ****50.00

DOCUMENT # L06000030509			
1. Entity Name LATITUDES REALTY OF FLORIDA LLC			
Principal Place of Business 2405 RUTH HENTZ PANAMA CITY, FL 32405		Mailing Address PO BOX 15819 PANAMA CITY, FL 32406	
2. Principal Place of Business - No P.O. Box # 848 Jenks Ave. Suite, Apt. #, etc. Panama City, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 32401	Country Bay	Zip	Country
4. FEI Number 51-0572260		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCQUAIG, CYNTHIA 2405 RUTH HENTZ PANAMA CITY, FL 32405		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 <i>Cynthia McQuaig</i> DATE 1-24-07 Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGR FELIX, LISA WILLIAMS 917 ROSEMONT AVENUE PANAMA CITY, FL 32405 ☐ 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 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 606, Florida Statutes.			
SIGNATURE: <i>Cynthia McQuaig</i> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1-24-07 Daytime Phone #	