

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90017 006 ***138.75

DOCUMENT # L06000033262

1. Entity Name
ARTHUR G. YEAGER, CHARTERED



Principal Place of Business
**245-1 EAST ADAMS STREET
JACKSONVILLE, FL 32202**

Mailing Address
**245-1 EAST ADAMS STREET
JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #
245 East Adams St.

3. Mailing Address
245 East Adams St.

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32202-3365

Country
USA

Zip
32202-3365

Country
USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4595965

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YEAGER, ARTHUR G
245-1 EAST ADAMS STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
YEAGER, ARTHUR G
Street Address (P.O. Box Number is Not Acceptable)
245 EAST ADAMS STREET
SUITE 1
City
JACKSONVILLE, FL Zip Code
32202-3365

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 **Arthur G. Yeager**

Signature, typed or printed name of registered agent and title if applicable

Arthur G. Yeager

(NOTE: Registered Agent signature required when re-registering)

01-08-2008

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
YEAGER, ARTHUR G
245-1 EAST ADAMS ST
JACKSONVILLE, FL 32202** ☒ 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
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
YEAGER, ARTHUR G
245 EAST ADAMS ST, SUITE 1
JACKSONVILLE, FL 32202-3365** ☒ Change ☐ Addition

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

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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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: *Arthur G. Yeager* **Arthur G. Yeager** **01-08-2008** **(904) 355-9631**

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

Date

Daytime Phone #