2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 05, 2007 8:00 am Secretary of State DOCUMENT # L06000037802 03-20-2007 90147 013 ****50.00 1. Entity Name HOLSBERRY LLC Principal Place of Business Mailing Address 30004121 8931 SCENIC HILLS DRIVE 8931 SCENIC HILLS DRIVE PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State **Applied For** Not Applicable Zıp Country Zιρ \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BRISKE, WAYNE** Street Address (P.O. Box Number is Not Acceptable) 8931 SCENIC HILLS DRIVE PENSACOLA FL 32514 City Zip Code 8. The above named entit subplits this statement for the purpose of Manging its registered office or registered agent, or both, in the State of Florida/I am familiar with, and accept the obligations of regi SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ITILE TITLE MGRM ☐ Delete Change ☐ Addition NAVÆ BRISKE, WAYNE NAME STREET ADDRESS STREET ADDRESS 8931 SCENIC HILLS DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 HILE Delete TIFLE MGRM ☐ Change ☐ Addition NAKE RICH, MARTIN P NAME STREET ADDRESS STREET ADDRESS 2000 HORTON DRIVE CITY-SI-ZIP CITY-SI-78P PENSACOLA FL 32507 MLE Delete ШĘ ☐ Change ☐ Addition NAME. NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP mu ☐ Defeie TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP Delete HILE HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P mu ☐ Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-S1-7P 11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Socion 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 eath; that I am a managing member or manager of the limited liability company or the recover or trustee employed to opercute this report as required by Chapter 608, Florida Statutes.) SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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