

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-21-2007 90101 049 ****55.00

DOCUMENT # L06000046306 1. Entity Name COMMERCE PLACE, LLC					
Principal Place of Business 5805 SAUFLEY FIELD ROAD PENSACOLA FL 32526			Mailing Address 5805 SAUFLEY FIELD ROAD PENSACOLA FL 32526		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 591491242	
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET PENSACOLA FL 32502				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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remaining)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	Charles Heaton		STREET ADDRESS		
CITY- ST- ZIP	5805 Saufley Field Rd. Pensacola FL 32526		CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	Manager		STREET ADDRESS		
CITY- ST- ZIP	Todd Stafford		CITY- ST- ZIP		
STREET ADDRESS	5805 Saufley Field Rd.		STREET ADDRESS		
CITY- ST- ZIP	Pensacola FL 32526		CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CHARLES W. HEATON 2/12/07 850-453-1253 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					