

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90170 030 ***138.75

DOCUMENT # L06000054437

1. Entity Name
LIVE OAK #39, LLC



Principal Place of Business
6982 PINE FORREST ROAD
PENSACOLA, FL 32526

Mailing Address
6982 PINE FORREST ROAD
PENSACOLA, FL 32526

50004271



2. Principal Place of Business - No P.O. Box #

Box 11 E. Galvez Ct.

3. Mailing Address

P.O. Box 1253

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-LLC CR2E083 (12/06)

City & State

Pensacola Beach, FL

City & State

Gulf Breeze, FL #

4. FEI Number

20-4961377

Applied For

Not Applicable

Zip

32561

Country

Zip

32562

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD.
SUITE 1700
MIAMI, FL 33131

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
HALL, JO A
6982 PINE FOREST RD
PENSACOLA, FL 32526

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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: Jo A. Hall

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

Date

Daytime Phone #

4/10/08 (850) 232-4173