

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90138 040 ***138.75

60007313



01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5106559** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

BROOKS, GREGORY T
4151 C.R. 218 WEST
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name **John B. Moss**
Street Address (P.O. Box Number is Not Acceptable)
1530 Business Center Dr., Ste. 4
City **Orange Park** State **FL** Zip Code **32003**

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 **2-6-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **MGR** ☐ Delete
NAME **MONEYHAN, LINDEL**
STREET ADDRESS **4151 C.R. 218 WEST**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **MGR** ☐ Delete
NAME **NOONEY, TIMOTHY E JR.**
STREET ADDRESS **4151 C.R. 218 WEST**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **MGR** ☐ Delete
NAME **BROOKS, GREGORY T**
STREET ADDRESS **4151 C.R. 218 WEST**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Gregory T. Brooks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-6-08
Date

Daytime Phone #