

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000068300

1. Entity Name

A MOTLEY CREW, LLC



**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

1806 LAKESHORE DRIVE  
ORLANDO FL 32803

Mailing Address

1806 LAKESHORE DRIVE  
ORLANDO FL 32803

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-5187937

Applied For  
Not Applicable

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

2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, MICHAEL J  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

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 \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME RUTLAND, JOHN L  
STREET ADDRESS 1806 LAKESBOAT DR  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition  
NAME U00000955896  
STREET ADDRESS 07/22/08-80012-003 138.75  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME THOMPSON, GREG  
STREET ADDRESS 3380 CHESTAIN MEADOWS PKWY #100  
CITY-ST-ZIP KENNESAW GA 30144

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

TITLE MGR ☐ Delete  
NAME CATLIN, BEDIE  
STREET ADDRESS 4620 PRINCE ELWOOD RD  
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE MGR ☐ Delete  
NAME RIDDLE, ROBERT  
STREET ADDRESS 5225 RIVERVIEW RD  
CITY-ST-ZIP ATLANTA GA 30327

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

TITLE MGR ☐ Delete  
NAME BETTS, JUAN S JR  
STREET ADDRESS 6410 RIVERCREEK CR  
CITY-ST-ZIP ATLANTA GA 30328

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

TITLE MGR ☐ Delete  
NAME MCGEE, SAM  
STREET ADDRESS 4810 UPPER BERKSHIRE FRD  
CITY-ST-ZIP FLOWERY BRANCH GA 30542

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

11. I hereby certify that the information supplied with this report 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:

*[Signature]*

7/15/08 (407) 691-9815