

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079523

FILED
Jan 04, 2011
Secretary of State

Entity Name: FIVE FIFTEEN, LLC

Current Principal Place of Business:

515 NAVY COVE BLVD
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

515 NAVY COVE BLVD
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 56-2604012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSOP, CHRISTINA G
515 NAVY COVE BLVD
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ALSOP, CHRISTINA G
Address: 515 NAVY COVE BLVD
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: ALSOP, DAVID N
Address: 515 NAVY COVE BLVD
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: ALSOP, NEAL J
Address: 6549 WOODGREEN CIRCLE
City-St-Zip: GWYNN OAKS, MD 21207 US

Title: MGRM
Name: ALSOP, LAUREN A
Address: 7806 DOMINICAN STREET
City-St-Zip: NEW ORLEANS, LA 70118 US

Title: MGRM
Name: ALSOP, JOHN D
Address: 515 NAVY COVE BLVD
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM
Name: ALSOP, MEGAN E
Address: 6549 WOODGREEN CIRCLE
City-St-Zip: GWYNN OAKS, MD 21207 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA ALSOP

MGRM

01/04/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date