

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

08 APR 17 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**87-0780943**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SCOTT, VERBON DALE JR.  
694 PERSIMMON ROAD  
SOPCHOPPY, FL 32358

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**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SCOTT, VERBON DALE JR.  
694 PERSIMMON ROAD  
SOPCHOPPY, FL 32358 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SHEATS, CATHY C  
694 PERSIMMON ROAD  
SOPCHOPPY, FL 32358 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
**100123889471**  
**04/17/08--01007--017 \*\*138.75**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NICHOLS, POLLY-ANN  
694 PERSIMMON ROAD  
SOPCHOPPY, FL 32358 ☒ Delete

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

TITLE  
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☐ Change ☐ Addition

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:**

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

4/17/08

Date

850-251-2294

Daytime Phone #