

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000089947

1. Entity Name

DOUBLE G LAND COMPANY, LLC



Principal Place of Business

812 MARS STREET
DESTIN, FL 32541 US

Mailing Address

812 MARS STREET
DESTIN, FL 32541 US



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5575980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILMORE, ROBERT A
812 MARS STREET
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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

U00000840239
03/06/08-80040-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GILMORE, ROBERT A
STREET ADDRESS	812 MARS STREET
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	GILMORE, GREGORY C
STREET ADDRESS	1661 SCOTT ROAD
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2/22/08

Date

Daytime Phone # _____

Robert A. Gilmore