

FILED

Jun 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 012 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

1/30/20

DOCUMENT # L08000091783 1. Entity Name BRUNER G BARKSDALE LLC			
Principal Place of Business 1810 RIVERS RD GREEN COVE SPRINGS FL 32043		Mailing Address 1810 RIVERS RD GREEN COVE SPRINGS FL 32043	
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 20-5527352		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKSDALE, BRUNER G 1810 RIVERS RD GREEN COVE SPRINGS FL 32043		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
8. The above named entity certifies 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 _____ Signature must be of the current registered agent and the 1/30/2008 (NOTE: Registered Agent is not required to be a resident of the State of Florida)			
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. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGDM BARKSDALE, BRUNER 1810 RIVERS RD GREEN COVE SPRINGS FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 118, 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 889, Florida Statutes.			
SIGNATURE: <i>Harold Barksdale</i> SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4-22-08 Date	

30010049

I CERTIFY TO HAVE FILED THIS REPORT WITH THE FLORIDA DEPARTMENT OF STATE

181 MOORE CR2E083 (10/07)