

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

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90065 003 ***138.75

DOCUMENT # L06000102367

1. Entity Name

BRANNON-SAUNDERS BUILDING, LLC



Principal Place of Business

710 N. WAUKEHSA STREET
BONIFAY FL 32525

32425

Mailing Address

710 N. WAUKEHSA STREET
BONIFAY FL 32525

32425



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

1st MOORE

CR2E083 (10/07)

4. FEI Number

47-0904923

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

BRANNON, JOYCE S
710 N. WAUKEHSA STREET
BONIFAY FL 32525

32425

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	MGRM	<input type="checkbox"/> Delete
NAME	BRANNON, JOYCE S	
STREET ADDRESS	710 N. WAUKEHSA STREET	
CITY-ST-ZIP	BONIFAY FL 32525	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SAUNDERS, AL C	
STREET ADDRESS	133 LIBERTY HILL DR	
CITY-ST-ZIP	EVERGREEN AL 36401	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMAS, GRACE S	
STREET ADDRESS	407 BURCH STREET	
CITY-ST-ZIP	HARTFORD AL 36344	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	POTTER, JANE S	
STREET ADDRESS	1460 OLD BONIFAY RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Bonifay, FL 32425 (correction)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joyce B. Brannon

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

2-4-08

850-547-2449

Date

Telephone #