

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90179 008 ****50.00

DOCUMENT # L06000110062

1. Entity Name
NINE MILE HUNT CLUB, LLC



Principal Place of Business
13361 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

Mailing Address
13361 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

00030343



2. Principal Place of Business - No P.O. Box #
700 Ponte Vedra Lakes Blvd.
Suite, Apt. #, etc.

3. Mailing Address
700 Ponte Vedra Lakes Blvd.
Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0802933

Applied For
Not Applicable

Zip
32082-1260

Country

Zip
32082-1260

Country

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

CFRA, LLC
4221 WEST BOY SCOUT BLVD.
TAMPA, FL 33607

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

CFRA, LLC

3/20/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member - MANAGER
J. Thomas Dodson
700 Ponte Vedra Lakes Blvd
Ponte Vedra Beach, FL 32082-1260 ☐ Delete

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

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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]

3/20/07

(904) 280-7100

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

Date

Daytime Phone #