

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/19/2007-90043-012-\$50.00-\$50.00

FILED
7. SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 12:38

DOCUMENT # L06000119836			
1. Entity Name 2509 BLANDING BOULEVARD, LLC			
Principal Place of Business 2509 BLANDING BOULEVARD JACKSONVILLE FL 32210		Mailing Address 2509 BLANDING BOULEVARD JACKSONVILLE FL 32210	
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		Applied For ☒ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VANSANT, RICHARD L JR. 2509 BLANDING BOULEVARD JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent	
Single Owner LLC		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, and I am familiar with, and accept the obligations of registered agent. No Changes 9/12/07 SIGNATURE: [Signature] DATE: 9/12/07			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
B. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Richard L Vansant 2431 Blanding Blvd Jacksonville FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Manager
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
C. ADDITIONAL INFORMATION BLT			
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 606, Florida Statutes. SIGNATURE: [Signature] 7-16-07 904-389-3510 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dorsing Phone #			