

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000029310

1. Entity Name
MATT LANE L.L.C.



FILED

08 MAR 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
51 BROWN BLVD
CRAWFORDVILLE, FL 32327

Mailing Address
51 BROWN BLVD
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #

50 CROATAN ST

3. Mailing Address

50 CROATAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE Florida

City & State

CRAWFORDVILLE Florida

Zip

32327

Country

USA

Zip

32327

Country

USA

4. FEI Number

56-2647505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, ROBERT MATTHEW M
51 BROWN BLVD
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

50 CROATAN ST

City

CRAWFORDVILLE

FL

Zip Code

32327

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

TITLE MGRM ☐ Delete
NAME LANE, ROBERT MATTHEW M
STREET ADDRESS 51 BROWN BLVD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700120879077
03/21/08--01008--004 **138.75

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARCH 11 2008 - 850-363-1466