

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 24, 2008 8:00 am
Secretary of State

01-18-2008 90018 021 ***138.75

DOCUMENT # L07000048796 1. Entity Name VIRGINIA L. DELOACH, LLC					
Principal Place of Business 39 35TH AVENUE SOUTH JACKSONVILLE, FL 32250			Mailing Address 39 35TH AVENUE SOUTH JACKSONVILLE, FL 32250		
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 26-2178812	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AKEL, EDWARD C ONE INDEPENDENT DRIVE, STE 2301 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, VIRGINIA L 39 35TH AVENUE SOUTH JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, RANDALL P 59 34TH AVENUE SOUTH JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, MICHAEL G 32ND SOUTH 32ND AVENUE JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, TERRELL L 405 SOUTH 32ND AVENUE JACKSONVILLE BEACH, FL 32250		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	
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: <u>Randall P. DeLoach</u> <u>RANDALL P. DELOACH</u> <u>1/15/08</u> <u>1904422-2316</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

