

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 003 ***143.75

DOCUMENT # L07000053845

1. Entity Name
20 WEST ADAMS ST MT LLC



Principal Place of Business
20 ADAMS STREET
JACKSONVILLE, FL 32206

Mailing Address
1725 OAKHURST AVENUE
JACKSONVILLE, FL 32208

60019748



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

3. Mailing Address

P.O. Box 40886

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

City & State
JACKSONVILLE FL.

4. FEI Number

26-0209412

Applied For

Not Applicable

Zip

Country

Zip
32203-0886

Country
DNVAL

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANADY, CHRISTOPHER
1725 OAKHURST AVENUE
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name

MARION GRAHAM JR

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

1725 OAKHURST AVENUE

City JACKSONVILLE

FL

Zip Code 32208

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

Marion Graham Jr

(NOTE: Registered Agent signature required when reinstating)

4-1-08

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 MGR ☐ Delete
NAME GRAHAM, MARION JR
STREET ADDRESS 1725 OAKHURST AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32208

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Marion Graham Jr

4-1-08

904-509-3350

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

Date

Daytime Phone #