

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90015 014 ***138.75

60002204



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0222218** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000054998
1. Entity Name
NORTH FLORIDA LAND & CAPITAL, LLC



Principal Place of Business
**433 BUNKERS COVE ROAD
PANAMA CITY, FL 32401**

Mailing Address
**P.O. BOX 610
PORT ST. JOE, FL 32457**

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
Port St. Joe Florida

Zip
32456 Country
U.S.

6. Name and Address of Current Registered Agent
**FAISON, G. BRENT
433 BUNKERS COVE ROAD
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent
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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, PATRICK 711 WOODWARD AVENUE PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patrick E Jones* **Patrick E Jones** **1-16-08** **(850)229-6373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #