


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

L07000068507

FILED

08 JUN -5 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000068507		
1. Entity Name CANONGATE COMPANY, LLC		

Principal Place of Business 109 MAGNOLIA STREET NEPTUNE BEACH, FL 32266 TALLAHASSEE FL 32301	Mailing Address 424 E. CALL ST. 109 MAGNOLIA STREET NEPTUNE BEACH, FL 32266 TALLAHASSEE FL 32301
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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

04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
265862923

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AHERN, FRED L JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH, FL 32250

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VICKERS, RAYMOND B 400 MAGNOLIA STREET NEPTUNE BEACH, FL 32266 3010 MC COLLIE ST ANCHORAGE AK 99517-1270	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300123006013 04/11/08--01002--011 ***350.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Raymond B. Vickers, Manager 5-8-08 904 6073853

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