

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 FEB 26 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1085569** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, HARVEY
308 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

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 HOLLINGSWORTH, HARVEY
STREET ADDRESS 308 BUNKERS COVE ROAD
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE MGRM ☐ Delete
NAME HOLLINGSWORTH, JO ANN
STREET ADDRESS 308 BUNKERS COVE ROAD
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800119546278
CITY-ST-ZIP 03/06/08--01012--021 **288.75

TITLE ☐ Change ☐ Addition
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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]*

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

Date

Daytime Phone #

Feb 20, 2008 850-265-0800