

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90075 021 ***138.75

DOCUMENT # L07000087124

1. Entity Name
OUTRIGHT MAINTENANCE AND REPAIRS, LLC



Principal Place of Business
**8157 PLUMMER ROAD
JACKSONVILLE, FL 32219 US**

Mailing Address
**8157 PLUMMER ROAD
JACKSONVILLE, FL 32219 US**

00000100



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
260784439

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE
SUITE 308
TAMPA, FL 33614**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **GRIFFIN, DANNY P JR**
STREET ADDRESS **8157 PLUMMER ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Lisa D. Chandler**
STREET ADDRESS **8157 Plummer Rd**
CITY-ST-ZIP **Jacksonville, FL 32219**

TITLE **Vice President** ☐ Delete
NAME **Lisa D. Chandler**
STREET ADDRESS **8157 Plummer Rd**
CITY-ST-ZIP **Jacksonville, FL 32219**

TITLE **Jacksonville, FL** ☐ Change ☐ Addition
NAME **32219**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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

Date

Daytime Phone #

Lisa Chandler **Lisa Chandler** **2-8-08** **904-451-9467**