

2008 LIMITED LIABILITY COMPANY Annual Report

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -9 PM 4:30

DOCUMENT # L07000107069

1. Entity Name
VILLA LUCIA, LLC



Principal Place of Business
416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

Mailing Address
416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #
1845 Bellevue Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2535
Suite, Apt. #, etc.



04/24/08 90015 028 \$138.75
04162008 Chg-LLC CR2E083 (12/08)

City & State
Tallahassee, FL
Zip
32304
Country
Leon

City & State
Tallahassee, FL 32316
Zip
32316
Country
Leon

4. FEI Number
26-1360999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

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 reappointing)

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
NAME
MGRM
LEONI, STEVEN M
STREET ADDRESS
416 NORTH ADAMS STREET
CITY-ST-ZIP
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
P.O. Box 2535
STREET ADDRESS
Tallahassee, FL 32316
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
MGR
SAULS, JAMES
STREET ADDRESS
P.O. Box 2535
CITY-ST-ZIP
Tallahassee, FL 32316 ☐ Change ☒ Addition

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

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

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

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

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 #

B. Tebbok JUN 09 2008

4/18/08 850-580-3131