


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L07000115178</b> 1. Entity Name <b>MICANOPY TEXACO LLC</b>			
Principal Place of Business <b>17107 S.E. COUNTY ROAD 234 MICANOPY FL 32608</b>		Mailing Address <b>11103 S.W. 122ND. ST. GAINESVILLE FL 32608</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>17107 S.E. County Rd 234</b>	
City & State <b>Micanopy FL</b>		City & State <b>Micanopy FL</b>	
Zip <b>32667</b>		Zip <b>32667</b>	
Country		Country	
6. Name and Address of Current Registered Agent <b>BERRY, STEVEN W 11103 S.W. 122ND. ST. GAINESVILLE FL 32608</b>		7. Name and Address of New Registered Agent Name <b>Steven Berry</b> Street Address (P.O. Box Number is Not Acceptable) <b>17107 S.E. County Rd 234</b> City <b>Micanopy</b> <b>FL</b> Zip Code <b>32667</b>	
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 <b>Steven W. Berry</b> <b>Steven W. Berry</b> <b>9/09/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGR PAUL, DEBORAH F 2341 LAKE DEBRA DRIVE ORLANDO FL 32835</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>800136307538 09/24/08--01035--015 **143.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Debra Paul</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>9/09/08</b> <small>Date</small>	

FILED  
03 SEP 23 PM 10:20



03 SEP 23 PM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. FEI Number  
**3311 88476**  
Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Steven Berry**  
Street Address (P.O. Box Number is Not Acceptable) **17107 S.E. County Rd 234**  
City **Micanopy** **FL** Zip Code **32667**

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SIGNATURE **Steven W. Berry** **Steven W. Berry** **9/09/08**  
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Due By September 3, 2008

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