

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031289

Entity Name: 400 PALAFOX PLACE, LLC

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

226 S. PALAFOX PLACE  
SUITE 400  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 710  
PENSACOLA, FL 32591-710 US

**New Mailing Address:**

FEI Number: 26-2276869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYNOLDS, TRACY A  
226 S. PALAFOX PLACE  
SUITE 400  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MERRILL, JAMES C  
Address: 226 S. PALAFOX PLACE, SUITE 400  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: MERRILL, WILLIS C III  
Address: 226 S. PALAFOX PLACE, SUITE 400  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: MERRILL, BURNEY H  
Address: 226 S. PALAFOX STREET, SUITE 400  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: J. COLLIER MERRILL

MGRM

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date