

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032929

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** ZACHARY COMPANY OF NORTHWEST FLORIDA L.L.C.

**Current Principal Place of Business:**

601 COUNTY ROAD 297-A  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30302  
PENSACOLA, FL 325031302

**New Mailing Address:**

P.O. BOX 11101  
PENSACOLA, FL 32524

**FEI Number:** 26-2369201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, LYNDIA SUE  
3955 KINGSBERRY ROAD  
PENSACOLA, FL 325044737 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: MGR  
Name: WATSON, LYNDIA SUE  
Address: 3955 KINGSBERRY ROAD  
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR  
Name: WATSON, AMY NICOLE  
Address: 3955 KINGSBERRY ROAD  
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR  
Name: WATSON, CLIFFORD E  
Address: 3955 KINGSBERRY ROAD  
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR  
Name: WATSON, BRIEN Z  
Address: 3955 KINGSBERRY ROAD  
City-St-Zip: PENSACOLA, FL 325044737

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:** CLIFFORD EUGENE WATSON

MGR

04/28/2010

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