

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087179

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** AUGUST PARTNERS ALTA, LLC

**Current Principal Place of Business:**

4315 PABLO OAKS CT  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4315 PABLO OAKS CT  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SLG MANGEMENT SERVICES, LLC  
4315 PABLO OAKS CT  
JACKSONVILLE, FL 32224    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: SLG MANAGEMENT SERVICES, LLC  
Address: 4315 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP  
Name: KUNKEL, JOHN C  
Address: 4315 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

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: MALLORY GAYLE HOLM

VP

04/22/2010

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