

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123839

Entity Name: AAFB, LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

795 EDEN DR  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

189 AVENUE B  
APALACHICOLA, FL 32320

**Current Mailing Address:**

795 EDEN DR  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

189 AVENUE B  
APALACHICOLA, FL 32320

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, ALLEN  
795 EDEN DR  
SANTA ROSA BEACH, FL 32459 US

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

MORGAN, TOM  
189 AVENUE B  
APALACHICOLA, FL 32320 US

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: THOMAS MORGAN

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MORGAN, THOMAS  
Address: 189 AVENUE B  
City-St-Zip: APALACHICOLA, FL 32320

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: THOMAS MORGAN

MGR

04/26/2012

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