FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAR 11 AM 11:37

								4				
	LING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #19400000124								TALLAHASSEE, FLOHIDA				
O'LIM	iteo Liability Co	mpany	D0001	In Principal Dia	on of Puolingon	Addross						
			MENT PRO	1a. Principal Place of Business Address								
4475 BUCK LAKE ROAD TALLAHASSEE FL 32311								4475 BUCK LAKE ROAD TALLAHASSEE FL 32311				
THAMMINGOUN TH SESTI								TALLAHAS	SEE FL	32311		
								<u> </u>				
	mailing address is oal Place of Bus	any way, line throu	2a. Mailing Address				3. Date Organiz	ed or Qualified	3a. State o	f Formation		
								03/24/19	94	FL		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. FEI Number		1	Applied For	
City & State				City & State				59-3309153			Not Applicable	
·				·			5. Date of Last Report			6. Certificate of Status Desired		
Zip	_	Country		Ziρ		Count	ry			J	onal Fee Required	
	7. Name	and Add	ress of Current F	lanistered	Agent	<u> </u>		05/14/19 8. Name and Add		J. <u> </u>	اسا المحقق	
							Name	o. Hallo alla Auc	1000 01 11011 11	ogistoros Age		
BAILEY, L. BLAIR												
4475 BUCK LAKE ROAD TALLAHASSEE FI 32311					5			Street Address (P.O. Box Number is Not Acceptable)				
							Suite, Apt. #, etc	03/13	0021120902 -0371379701008004			
											****200.75	
							City			Zip Code		
9. Pursu	ant to the provis	ions of Se	ections 608.416 a	nd 608.508	, Florida Statute	es, the a	l bove-named limited	liability company s		· L	ourpose of changing	
	red office or reg ered agent, and			State of Flo	rida. Such chan	ge was a	uthorized by affirma	ative vote of a majori	ty of the membe	rs. I hereby acc	cept the appointment	
4	13	B	R	$(\)$					DATE	7-97		
SIGNATU	(Registered Agent Accepting Amointment (NOTE: Registered					enl signatur	e required when re-instalin	DATE				
10. Title	Managing Members/Managers				Business Street Address			City, State and Zip Code				
]				ļ			
MGR	BAILEY, L. BLAIR			•	4475 BUCK LAKE ROAD			TALLAHASSEE FL				
							:					
•	Ï											
					ļ							
									\wedge	Ala.	زم	
									l ().	. Wai	, o	
·					<u></u>					3/11/	91	
11 Idobe	rahv certifuthet	the inform	etion supplied with	this filing d	loes not quelify f	or the ev	emotion stated in Sa	action 119 07/3\/i\	Iorida Statutos	Ifurther contin	that the information	
Indicated	on this annual re	port is tru	e and accurate ar	d that my s	ignature shall f	ave the	same legal effect as	s if made under oath	; that I am a ma	inaging membe	er or manager of the	
	nt with an addre		TO: OI LIDSIDG BILL		CVOCATA TITO 191	-VII 09 10	Mayor of Oliabia	voo, i ronda Gratute	o, ano matmy t	ωτιο αλήφαις (TOOK TO, OF OIL ALL	

INHSE10 R(12-96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

L. Blair Bailey