1012

Onylina Phone #

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

SIGNATURE:

| | Due To Rei | nstate: \$7 | ² 03.75 | | _ | | | ı |
|--|---|----------------------|---|---------------------------|---|----------------------------|---------------|----------------------------------|
| | D LIABILITY COMPANY NNUAL REPORT 1997 | | ELORIDA DEPARTM Sandra B. N Secretary o DIVISION OF COR | lortham I State | 97 | FILE: | | S |
| FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee | | | | | SECRETARY OF STATE | | | |
| \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000760 | | | | | i i i | LAMASSEE, I | FLORIDA | |
| of Limited Etability Company | | | | | 1a. Principal Place of Business Address | | | |
| PERDIDO BAY COLONY, L.C. 1117 LILLIAN HIGHWAY PENSACOLA FL 32506 | | | | | 11117 LILLIAN HIGHWAY PENSACOLA FL 32506 | | | |
| PE | INSACOLA FL 32300 | | | | LINOMOOL | 111 020 | | |
| | ailing address is lixcorrect in any way, line thr Il Place of Business | | it Information and enter co | proction in Block 2a. | 3. Date Organiza | ed or Qualified T | 3a. State of | Formation |
| | | | 1115 LILLIAN HWY | | 07/15/1996 FL | | | |
| Suite, Apt. | ₩, etc. | Suite, A | Suite, Apt #, etc. | | 4. FEI Number Applied For | | | |
| City & State | 0 | | PENSACOLA FL | | 59-334 | 399154 Not A | | Not Applicable |
| Zip | Country | 7(p) | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 5. Date of Last F | ١, | | of Status Desired |
| | 7. Name and Address of Curren | t Registered | | ESCAMBIA | 8. Name and Add | | | al Fee Required |
| | | | | Name | <u> </u> | | otoro rigor | |
| 11115 | Y, JOHN LILLIAN HIGHWAY COLA FL 32506 | | P.O. Box Number i | Zip Code | | | | |
| its register | nt to the provisions of Sections 608.416 ed office or registored agent, or both, in the ed agent, and accept the obligations. RE | ie State of Flo I | | authorized by affirm | ative vote of a majori | ubmits this staten | Thereby acco | ept the appointment |
| 10 . Title | Managing Members/Manage | ors / | Busin | ness Street Address | | City, 8 | State and Zip | Code |
| MGRM | SPERRY, JOHN | | 11115 LILI | WAY PENSACOLA FL | | | | |
| MGRM | SPERRY, SUSAN 11115 LILLIAN HIC | | | | IWAY PENSACOLA FL | | | |
| | | | | | 90 | 10002 -08/20 *****21 | 03.75 | 2019—5 1060—003 ****203.75 |
| indicated o limited liab | eby certify that the information supplied in this annual report is true and accurate tilly company or the receiver or trustee at with an address. | and that my | signature shall have the | e same legal effect a | s if made under oath | i; that I am a mana | aging membe | er or manager of the |

JOHN SPERRY 11115 LILLIAN HIGHWAY PENSACOLA, FLORIDA 92506

15 AUG 97

FLARIDA DEPT OF STATE DIV OF CORPORATIONS

FOR PERDIDO BAY COLONY, L.C.

I AM REQUESTING THE LATE PEE BE WAIVED.

THE COLONY IS JUST NOW BEZINNING TO
DO BUSINESS, AND HAS ONLY RECENTLY
PUT UP A MAILBOX. EVEN THOUGH I AM
NEXT DOOR, THE POST OFFICE DIDN'T DEZIVER
YOUR MAIL TO ME AND SO THE FIRST NOTICE
I HAVE RECEIVED IS THE 2ND.

YOUR ARTICLE IT SEEMS A LITTLE AMBIGUOUS....
FOOLED ME, ANYWAY.... BECAUSE IT CAMES FOR
MAILING AND STREET APPRESS IN ONE BOX.
I PICKED THE WRONG ONE TO USE AND HOPE
YOU WILL HELP ME

SINCER EZY,

Jol Spung