

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000619

1. Entity Name
N22 LC



Principal Place of Business
5443 GULF BREEZE PKWY.
GULF BREEZE, FL 32563

Mailing Address
5443 GULF BREEZE PKWY.
GULF BREEZE, FL 32563



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3451359

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEATHERINGTON, WILLIAM PAUL
703 JAMESTOWN
GULF BREEZE, FL 32561

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEATHERINGTON, PAUL
STREET ADDRESS	703 JAMESTOWN
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	MGRM
NAME	ADKINSON, SHANE
STREET ADDRESS	4956 SOUNDSIDE DR
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	MGRM
NAME	ABBOTT, FRANK
STREET ADDRESS	4542 MENEWA PATH
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000319229
04/20/05-80091-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *William Paul Heatherington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-05 *850-934-7271*
Date Daytime Phone #