

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 28 AM 9:44

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000002428
PARK MAGNOLIA CONSULTING, L.C.
2122 TRESCOTT DRIVE
TALLAHASSEE FL 32312

1a. Principal Place of Business Address
2122 TRESCOTT DRIVE
TALLAHASSEE FL 32312

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
10/27/1998

3a. State of Formation
FL

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
LEWIS & WHITE, L.C.
216 W. COLLEGE AVE., SUITE 201
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GEIGER, JAMES W	2122 TRESCOTT DRIVE	TALLAHASSEE FL
MGR	LEE, ROBERT F	118 N. MONROE	TALLAHASSEE FL
200002949582--5 -08/03/99--01084--008 ****188.75 ****188.75			

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: James W. Geiger

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

Date

Daytime Phone #

(2)

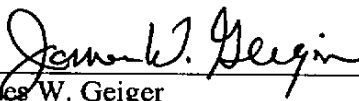
July 21, 1999

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is to state that I did not receive the first notice for the attached annual report. The report is enclosed with the filing fees of \$188.75.

Thank you for your attention to this matter.


James W. Geiger
Manager, Park Magnolia Consulting, LC

Sworn to and subscribed before me this 26th day of July, 1999.

☒ Personally Known OR ☐ Produced Identification

Type of Identification Produced: N/A

Notary Signature: Kathryn B. Jackson

My Commission Expires:



Kathryn B. Jackson
MY COMMISSION # CC760989 EXPIRES
April 30, 2000
BONDED THRU TROY FARM INSURANCE, INC.