

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L99000001322

1. Entity Name
FLOYD BROTHERS PROPERTIES, L.C.



Principal Place of Business

**101 E 9 1/2 MILE ROAD
PENSACOLA, FL 32534**

Mailing Address

**101 E 9 1/2 MILE ROAD
PENSACOLA, FL 32534**

DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3547010

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLAR, LARRY D ESQ
5514 NORTH DAVIS HWY
SUITE 105
PENSACOLA, FL 32503**

**DO NOT WRITE
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, 2007**

000000757123
05/23/07-80059-003 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FLOYD, TIMOTHY W
STREET ADDRESS	9805 PINEBRAKE CT
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	MGRM
NAME	FLOYD, SAMUEL D
STREET ADDRESS	9565 CHANDLER DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____