2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2004 8:00 am Secretary of State

| DOCUMENT # L9900002790 1. Éntity Name ARIZONA '99, L.L.C. | | | | 02-06-2004 901 62 042 ****50.00 |
|--|---|---|---------------------------------------|--|
| Principal Place of Business 154 BAYWIND DRIVE NICEVILLE, FL 32578 | | Mailing Address 154 BAYWIND DRIVE NICEVILLE, FL 32578 | | L JABOTONE BEZ 18410 10111 SDIN O BIN OBIN OBIN OBIN NONE (CH SDESO (CH SDESO) HE HE |
| 2. Principal Place of Business | | 3. Mailing Address 4502 East Hig | hwav 20 | |
| Suite, Apt. #, etc. | | Suite Apt. #, etc. Suiţe A | | 01162004 Chg-LLC CR2E083 (10/03) |
| City & State | | City & State Niceville. FI | ı | 4. FEI Number Applied For 59-3576986 Not Applicable |
| Zip | Country | 32578 | Country U.S. | 5. Certificate of Status Desired S5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent |
| PERRI, DA | ANIEL C RD DRIVE, SUITE 12 | | Street Add | ress (P.O. Box Number is Not Acceptable) |
| | R, FL 32579 | | | |
| } | | | City | □ Zip Code |
| 0.750-5 | | | | |
| 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 | | | | |
| | | | | |
| FI | iling Fee Is \$50.00 ue by May 1, 2004 | | | Make check payable to Florida Department of State |
| 9. | | EMBERS/MANAGERS | 10. | ADDITIONS/CHANGES |
| NAME STREET ADDRESS CITY-ST-ZIP | MGR KLAM, ROLF 154 BAYWIND DRIVE NICEVILLE, FL 32578 | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | | Delete | TITLE | ☐ Change ☐ Addition |
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| NAME STREET ADDRESS | | * * * * * * * * * * * * * * * * * * * | NAME STREET ADDRESS | The second secon |
| CITY:ST:ZIP | ** ** * . | | CITY-ST-ZIP | Le ve |
| 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate any 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | |
| 2/1/14 887 887 4232 | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZEO REPRESENTATIVE Date Date Date | | | | |