

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000701

1. Entity Name
SNS JACKSONVILLE, LLC



Principal Place of Business
**7450 BEACH BOULEVARD
JACKSONVILLE, FL 32216**

Mailing Address
**C/O LARRY B. FROST CPA
2120 16TH AVENUE SOUTH SUITE 300
BIRMINGHAM, AL 35205**



01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1281921

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**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 reinstalling)

DATE

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

000000204220
01/29/05-80061-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SNS HOLDINGS, INC.
105 CHURCH STREET
RAINBOW CITY, AL 35906**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COLEGROVE, DON
105 CHURCH STREET
RAINBOW CITY, AL 35906**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: Sam W. Kelley *Sam W. Kelley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/05 (256) 442-4070