

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005011

1. Entity Name  
30-A, L.L.C.



Principal Place of Business  
1444 WEST I-65 SERVICE RD. SOUTH  
MOBILE, AL 36693

Mailing Address  
1444 WEST I-65 SERVICE RD. SOUTH  
MOBILE, AL 36693

FILED

07 OCT 30 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3222783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE, JACQUE  
155 CRYSTAL BEACH DR.  
DESTIN, FL 32540

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BELL, C. THURMON  
STREET ADDRESS 1444 WEST I-65 SERVICE RD. SOUTH  
CITY-ST-ZIP MOBILE, AL 36693

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME PATRICK, MCGOWIN JR  
STREET ADDRESS 3 SOUTH ROYAL ST.  
CITY-ST-ZIP MOBILE, AL 36602

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 64 NORTH ROYAL STREET  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800112029698  
CITY-ST-ZIP 11/06/07--01013--020 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/11/07

Date

(251) 666-6767

Daytime Phone #