

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040228

**Entity Name:** EUFAULA STREET LLC

**Current Principal Place of Business:**

414 BAY BLVD  
PENSACOLA, FL 32503

**Current Mailing Address:**

414 BAY BLVD  
PENSACOLA, FL 32503 US

**FEI Number:** 27-2363057

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SULLIVAN, SALLY J  
414 BAY BLVD  
PENSACOLA, FL 32503 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SULLIVAN, SALLY J  
Address 414 BAY BLVD  
City-State-Zip: PENSACOLA FL 32503

Title MGR  
Name BLYTH, PETER  
Address 1002 FOXDALE PLACE  
City-State-Zip: VALRICO FL 33594

Title MGR  
Name BLYTH, JOHN  
Address 3525 COLONNADE DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name BLYTH, DAVID  
Address 493 PHEASANT CIRCLE  
City-State-Zip: LAFAYETTE CO 80026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALLY SULLIVAN

**MGR**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date