

**RONNIE BRANNON**  
COLUMBIA COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS  
REAL ESTATE 2012 32507.0000

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R06869-007		SEE BELOW	SEE BELOW	SEE BELOW	002

LAKE CITY FACILITY LLC  
4211 JERRY L MAYGARDEN RD  
PENSACOLA FL 32504

33-3S-17 2500/2500 1.16 Acres  
COMM 485.15 FT S & 658.42 FT  
E OF NW COR OF NE1/4 OF SE1/4,  
FOR POB, RUN S 292.16 FT. TO  
N R/W OF BAYA AVE, SW ALONG  
See Tax Roll For Extra Legal

16

AD VALOREM TAXES					
TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISS	8.0150	290,981		290,981	2,332.21
COLUMBIA COUNTY SCHOOL					
DISCRETIONARY	0.7480	290,981		290,981	217.66
LOCAL	5.1640	290,981		290,981	1,502.63
CAPITAL OUTLAY	1.5000	290,981		290,981	436.47
SUWANNEE RIVER WATER MG	0.4143	290,981		290,981	120.55
LAKE SHORE HOSPITAL AUTH	0.9620	290,981		290,981	279.92
Exemptions Applied:					
TOTAL MILLAGE		16.8033	AD VALOREM TAXES		4,889.44

NON-AD VALOREM ASSESSMENTS		
LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS		759.75
NON-AD VALOREM ASSESSMENTS		759.75

Please retain this portion for your records

COMBINED TAXES AND ASSESSMENTS		5,649.19	See reverse side for important information		
If Paid By	Apr 30 2013	May 24 2013			
Please Pay	5,818.67	5,847.57			

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RETURN WITH PAYMENT

PLEASE PAY IN U.S. FUNDS (NO POST DATED CHECKS) TO RONNIE BRANNON TAX COLLECTOR - 135 NE HERNANDO AVE. - SUITE 125, LAKE CITY, FL 32055-4006					
If Paid By	Apr 30 2013	May 24 2013			
Please Pay	5,818.67	5,847.57			

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		www.sunbiz.org			
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<b>No Events No Name History</b>			Entity Name Search		
<a href="#">Return to Search Results</a>			<input type="text" value="Search"/>		
<h2>Detail by Entity Name</h2>					
<h3><u>Florida Limited Liability Company</u></h3>					
<b>LAKE CITY FACILITY LLC</b>					
<h4><u>Filing Information</u></h4>					
<b>Document Number</b>	L12000085865				
<b>FEI/EIN Number</b>	90-0875209				
<b>Date Filed</b>	06/29/2012				
<b>State or Country</b>	FL				
<b>Status</b>	ACTIVE				
<b>Effective Date</b>	06/29/2012				
<h4><u>Principal Address</u></h4>					
4211 JERRY L MAYGARDEN RD PENSACOLA, FL 32504					
<h4><u>Mailing Address</u></h4>					
4211 JERRY L MAYGARDEN RD PENSACOLA, FL 32504					
<h4><u>Registered Agent Name &amp; Address</u></h4>					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					
Name Changed: 03/04/2013					
Address Changed: 03/04/2013					
<h4><u>Manager/Member Detail</u></h4>					
<h5><b>Name &amp; Address</b></h5>					
Title Managing Member					
<b>JDNT Holdings, Inc.</b> 4211 JERRY L MAYGARDEN RD PENSACOLA, FL 32504					
<h4><u>Annual Reports</u></h4>					
<b>Report Year</b>	<b>Filed Date</b>				
2013	04/30/2013				

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000054883

Entity Name: JDNT HOLDINGS, L.L.C.

FILED  
Apr 30, 2013  
Secretary of State

Current Principal Place of Business:

4211 JERRY L. MAYGARDEN ROAD  
PENSACOLA, FL 32504

Current Mailing Address:

4211 JERRY L. MAYGARDEN ROAD  
PENSACOLA, FL 32504

FEI Number: 46-0614868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

Manager/Member Detail Detail :

Title MANAGING MEMBER

Name REVOCABLE LIVING TRUST OF JOHN  
W. ROCHE

Address 4211 JERRY L. MAYGARDEN ROAD

City-State-Zip: PENSACOLA FL 32504

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN ROCHE

AUTHORIZED PERSON

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Manager/Member Detail

\_\_\_\_\_  
Date