

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

02-16-2007 90181 006 ****50.00

DOCUMENT # L06000051429 1. Entity Name FLORIDA LIONS CLUB RECLAMATION CENTER, LLC					
Principal Place of Business 3826 NW GAINESVILLE RD OCALA, FL 34475			Mailing Address 3826 NW GAINESVILLE RD OCALA, FL 34475		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 51-0577652 Applied For ☐ Not Applicable ☐					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KRUMM, WALTER E SR 3826 NW GAINESVILLE RD OCALA, FL 34475			7. Name and Address of New Registered Agent 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 <u><i>Walter E. Krumm</i></u> DATE <u>2/14/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRUMM, WALTER E SR 3826 NW GAINESVILLE RD OCALA, FL 34475	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RICE, LOWELL 1850 NE 36TH STREET OCALA, FL 34479	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 <u><i>Walter E. Krumm</i></u> DATE <u>2/14/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					