


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90368 033 ****50.00

DOCUMENT # L06000091786					
1. Entity Name COMMERCE PARK, LLC					
Principal Place of Business 438 BUSHNELL PLAZA, #103- BUSHNELL, FL 33513			Mailing Address PO BOX 385 BUSHNELL, FL 33513		
2. Principal Place of Business - No P.O. Box # 2590 W-CR 48		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5576979	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LACKAY, CHRISTINA L 438 BUSHNELL PLAZA, #103- BUSHNELL, FL 33513			Name Street Address (P.O. Box Number is Not Acceptable) 2590 W-CR 48 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCRM <input type="checkbox"/> Change <input type="checkbox"/> Addition MOFFITT, DAVID E 2590 W-CR 48 BUSHNELL, FL 33513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MGR CHRISTINA L. LACKAY 2590 W-CR 48 BUSHNELL, FL 33513	
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04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5576979

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LACKAY, CHRISTINA L
~~438 BUSHNELL PLAZA, #103-~~
 BUSHNELL, FL 33513

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2590 W-CR 48
 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.

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**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

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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: Christina L. Lackay **4/18/07** **352-793-5813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #