

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90039 041 ***138.75

DOCUMENT # L03000012887

1. Entity Name
4-15-03 COMPANY, LLC



Principal Place of Business
33 E WALL ST
FROSTPROOF, FL 33843

Mailing Address
33 E WALL ST
FROSTPROOF, FL 33843

60034810

2. Principal Place of Business - No P.O. Box # 3. Mailing Address



21299 US Hwy 27
Lake Wales, FL
33859-6851

P. O. BOX 3737
Lake Wales, FL
33859-3737

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 16-1660386 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, P T
33 EAST WALL ST
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

David A. Miller
21299 US Hwy 27
Lake Wales, FL 33859-6851

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 *David A. Miller* (NOTE: Registered Agent signature required when reinstating) DATE *4/23/08*

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WILSON, PATRICIA JINX
STREET ADDRESS 2200 N SCENIC HWY
CITY-ST-ZIP BABSON PARK, FL 33827 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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

Patricia Wilson 4-24-08 (863) 679-6700

Date

Daytime Phone #