2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004987

1. Entity Name

HIDDEN OAKS OF CENTRAL FLORIDA, L.L.C.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90054 023 ****50.00

					OF WE	_				
Principal Plac	ce of Business		Mailing Address							
1420 S. FLORIDA AVENUE LAKELAND FL 33803		1420 S. FLORIDA AVER LAKELAND FL 33803	1420 S. FLORIDA AVENUE LAKELAND FL 33803							
2. Principal P	Place of Busines	es	3. Mailing Address							
			,			11831 631 88111 88111 88111 88)		laji1 (6a) (3a)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State		4. FEI Nur	nber 59-36500	51		pplied For ot Applicable
Zip		Country	Zip	Cour	ntry		ate of Status Desired		5.00 Ad	ditional
	6. Name a		ent Registered Agent				nd Address of New			,
НАП	DED DARED	T = III			Name					
Harper, Robert F III 1420 S. Florida Avenue Lakeland Fl 33803						Street Address (P.O. Box Number is Not Acceptable)				
25										
					City			FL	Zip Coo	
The above the obligation	named entity s ions of registere	ubmits this statemen	nt for the purpose of changing	g its registere	ed office or re	gistered agent, or I	both, in the State of F	lorida. I am fa	miliar with,	and accept
3 -		o agoni.		•	•					
CICKLATLICE			gent and title if applicable	NOTE D		required when reinstating)	<u> </u>	DATE		
SIGNATURE _	Signature, typed or p	rinted name of registered ag	gent and the it applicable.	NOTE: Registere	d Agent signature r	required when reinstating)				
SIGNATURE _	Signature, typed or p	rinted name of registered ag			· · · · · · · · · · · · · · · · · · ·					
SIGNATURE _	Signature, typed or p	rinted name of registered ac		NOW!!!	FEE IS \$50	0.00				
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE