

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90221 020 ****55.00

DOCUMENT # L00000008139

1. Entity Name

LIGHTSEY ENTERPRISES, L.L.C.



Principal Place of Business

Mailing Address

5350 SE HWY 441
OKEECHOBEE FL 34974

5350 SE HWY 441
OKEECHOBEE FL 34974

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

3651 Hwy 441 S.E.
Suite, Apt. #, etc.
#10

3. Mailing Address

3651 Hwy 441 S.E.
Suite, Apt. #, etc.
#10

1st MOORE

CR2E083 (10/06)



City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE, FL

4. FEI Number

26-6151330

Applied For

Not Applicable

Zip

34974

Country

OKEECHOBEE

Zip

34974

Country

OKEECHOBEE

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, DEWEY
1933 S.W. 40TH DRIVE
OKEECHOBEE FL 34974

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
LIGHTSEY, DEWEY
1933 SW 40TH DR.
OKEECHOBEE FL 34974 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LIGHTSEY, RUTH
1933 SW 40TH DR.
OKEECHOBEE FL 34974 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
LIGHTSEY, DEWEY
1933 SW 40TH DR.
OKEECHOBEE FL 34974 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
OBERLEY, JERRY E
8495 SW WESTWOOD LN
STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREA
OBERLEY, MARY V
8495 SW WESTWOOD LN
STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

2-5-2007 863-634-6300