

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002974

Entity Name: LUNDCO, L.L.C.

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

436 ARCHAIC DR SW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

436 ARCHAIC DR SW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-3707307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LUND, DOUG N  
436 ARCHAIC DR SW  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUND, DOUG N  
Address: 436 ARCHAIC DR SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR  
Name: LUND, TYRONE D  
Address: 436 ARCHAIC DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR  
Name: LUND, JOSHUA D  
Address: 4135 EL CAMINO REAL WEST  
City-St-Zip: LAKE LAND, FL 33813

Title: MGR  
Name: HICKEY, BILL  
Address: 2301 COLONY CLUB DR  
City-St-Zip: LAKE LAND, FL 33813

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DOUG N LUND

MGRM

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date