

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006479

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Entity Name:** WEEKI WACHEE MOBILE HOME PARK OF HERNANDO COUNTY, L.L.C.

**Current Principal Place of Business:**

WEEKI WACHEE MHP OF HERNANDO CTY.  
10400 AMITY AVE  
BROOKSVILLE, FL 34614

**New Principal Place of Business:**

**Current Mailing Address:**

9001 S CICERO AVE  
OAK LAWN, IL 60453

**New Mailing Address:**

**FEI Number:** 65-1106223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SALS, TERRENCE A  
Address: 9001 S. CICERO AVE, #311  
City-St-Zip: OAK LAWN, IL 60453

Title: MGRM  
Name: RASHINSKI, RICARDA  
Address: 9001 S. CICERO AVE, #311  
City-St-Zip: OAK LAWN, FL 60453

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: RICARDA RASHINSKI

MGR

01/30/2011

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