

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000019665

1. Entity Name

LETTUCE LAKE MOBILE HOME PARK, LLC



Principal Place of Business

10586 S.W. PARK AVE
ARCADIA FL 34269

Mailing Address

10586 S.W. PARK AVE
ARCADIA FL 34269



1st MOORE CR2E083 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
26-0001011

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUE, RONALD
10586 S.W. PARK AVE
ARCADIA FL 34269

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PRUE, RONALD
10586 SW PARK AVE
ARCADIA FL 34269 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000000491636
04/19/06-80030-015 50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PRUE, GRACE
10586 SW PARK AVE
ARCADIA FL 34269 ☐ Delete

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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: *Ronald D. Prue* Ronald D. Prue 4-3-06