

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90351 026 ****50.00

DOCUMENT # L02000007181

1. Entity Name

SINGING HILLS, LLC



Principal Place of Business

4338 ONDICH ROAD
APOPKA FL 32712

Mailing Address

3390 PLAYERS POINT LOOP
APOPKA FL 32712



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

13625 ELM ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CARTHAGE, MO

City & State

Zip

64836

Country

USA

Zip

Country

4. FEI Number

01-0640689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VITALE, GLENN M
3390 PLAYERS POINT LOOP
APOPKA FL 32712

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: MGRM
STREET ADDRESS: SINGING HILLS MANAGEMENT TRUST
CITY-ST-ZIP: 4338 ONDICH ROAD
APOPKA FL 32712 ☐ Delete

TITLE
NAME: MGR
STREET ADDRESS: SODERBERG, RUSSELL F
CITY-ST-ZIP: 4338 ONDICH ROAD
APOPKA FL 32712 ☐ Delete

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME:
STREET ADDRESS: 13625 ELM ROAD
CITY-ST-ZIP: CARTHAGE, MO 64836 ☒ Change ☐ Addition

TITLE
NAME:
STREET ADDRESS: 13625 ELM ROAD
CITY-ST-ZIP: CARTHAGE, MO 64836 ☒ Change ☐ Addition

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

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NAME:
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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

Glenn M. Vitale, Registered Agent

3-29-07

Date

407-889-7859

Daytime Phone *