

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013904

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** SUMMERFIELD SUITES, L.L.C.

**Current Principal Place of Business:**

17421 SE 109TH TERRACE RD  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4860  
OCALA, FL 344784860

**New Mailing Address:**

**FEI Number:** 54-2122545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POE, MARY E  
3231 SW 34TH AVENUE  
OCALA, FL 34474 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:** MGR  
**Name:** POE, MARY E  
**Address:** 3231 SW 34TH AVENUE  
**City-St-Zip:** Ocala, FL 34474

**Title:** MGR  
**Name:** KNOX, MICHAEL A  
**Address:** 3231 SW 34TH AVENUE  
**City-St-Zip:** Ocala, FL 34474

**Title:** MGR  
**Name:** NELSON, VICTORIA L  
**Address:** 244 NE 43RD AVENUE  
**City-St-Zip:** Ocala, FL 34470

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:** MARY ELLEN POE

MGR

02/02/2011

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