

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000015847

1. Entity Name

LAKE MANATEE WHOLESALE, LLC



Principal Place of Business

24510 STATE ROAD 64 EAST
MYAKKA, FL 34251

Mailing Address

24510 STATE ROAD 64 EAST
MYAKKA, FL 34251



01232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0459094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INDERWIESEN, CHARLES E JR
24510 STATE ROAD 64 EAST
MYAKKA, FL 34251

**DO NOT WRITE
IN THIS SPACE**

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)

4/2/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME INDERWIESEN, CHARLES E JR
STREET ADDRESS 24510 SR 64 E
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE MGRM
NAME INDERWIESEN, CHARLES S
STREET ADDRESS 24510 SR 64 E
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE MGRM
NAME INDERWIESEN, ANGELA S
STREET ADDRESS 24510 SR 64 E
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

0000000881266
04/15/08-80095-005 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

4/2/08

Date

941 812 7033

Daytime Phone #