

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031151**

1. Entity Name  
**NEUOAK LLC**



Principal Place of Business  
**8423 FORT KING ROAD  
ZEPHYRHILLS, FL 33541-7516**

Mailing Address  
**8423 FORT KING ROAD  
ZEPHYRHILLS, FL 33541-7516**



02152007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2124233**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WALLER, CHARLES D  
37927 LIVE OAK AVENUE  
DADE CITY, FL 33526**

**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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
OAKLEY, RONALD E  
8423 FORT KING ROAD  
ZEPHYRHILLS, FL 335417516**

TITLE  
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CITY - ST - ZIP

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U000000640396  
02/28/07-80088-010 50.00

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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: *Ronald E. Oakley* **RONALD E. OAKLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/15/07* **2/15/07** *813-714-0435*  
Date Daytime Phone #