

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000031340

1. Entity Name  
IRON HORSE LAND COMPANY, LLC



Principal Place of Business  
307 DIVISION AVE.  
ORMOND BEACH, FL 32174

Mailing Address  
307 DIVISION AVE.  
ORMOND BEACH, FL 32174



02222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3766187

Applied For  
Not Applicable

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

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

CROTTY, KATHLEEN L  
CROTTY & BARTLETT, P.A.  
1800 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114

**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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	PENLAND, MELISSA
STREET ADDRESS	307 DIVISION AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	STEVENS, SALLY
STREET ADDRESS	730 SANTA ANA AVE.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	POMERENKE, ROBERT
STREET ADDRESS	307 DIVISION AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T LIPSEY
NAME	LEAGEY, IRENE
STREET ADDRESS	307 DIVISION AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Irene Lipsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Irene Lipsey

3-20-08