

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 012 ****50.00

DOCUMENT # L03000010627

1. Entity Name
ARNCO LAND COMPANY, LLC



Principal Place of Business
~~P.O. BOX 450037~~ **341 W. OAK ST.**
KISSIMMEE, FL 34741

Mailing Address
P.O. BOX 450037
KISSIMMEE, FL 34741 34745



01242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1886313

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, GEORGE
~~8 BROADWAY~~ **341 W. OAK ST.**
KISSIMMEE, FL 34741

**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

George W. Arnold

MGRM

(NOTE: Registered Agent signature required when reinstating)

01-26-05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ARNOLD, GEORGE
P.O. BOX 450037
KISSIMMEE, FL 34741 34745

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ARNOLD, BENJAMIN
P.O. BOX 450037
KISSIMMEE, FL 34745

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEATHA M. McCubbin
P.O. Box 450037
Kissimmee, FL 34745

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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

George W. Arnold

01-26-05 407-932-0111

Date

Daytime Phone #