

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000023476**

1. Entity Name  
**OKEECHOBEE/4619, LLC**



Principal Place of Business

**4619 HWY 441 SE.  
OKEECHOBEE, FL 34974**

Mailing Address

**4619 HWY 441 SE.  
OKEECHOBEE, FL 34974**

**DO NOT WRITE IN THIS SPACE**



04062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0257765**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**CELLI, RONALD  
4619 HWY 441 SE  
OKEECHOBEE, FL 34974**

**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  
**MGRM  
CELLI, RONALD  
4619 HWY 441 SE  
OKEECHOBEE, FL 34974**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GUY, CELLI  
4619 HWY SE  
OKEECHOBEE, FL 34974**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000710191  
04/25/07-80034-006 50.00

**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:**

*Celli Guy Celli*

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

**4-13-07**

Date

**863-763-2232**

Daytime Phone #