

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000036081
1. Entity Name
LUCERNE PROFESSIONAL LEASING, LLC



Principal Place of Business
**5860 S.R. 544
WINTER HAVEN, FL 33881**

Mailing Address
**PO BOX 1699
WINTER HAVEN, FL 33882**



03032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0587189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIS, DONNA JO
180 OLD SPANISH WAY
WINTER HAVEN, FL 33884**

**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)

000000053396

03/26/08-80091-008 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JO WILLIS, DONNA
180 OLD SPANISH WAY
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIS, MICHAEL R
180 OLD SPANISH WAY
WINTER HAVEN, FL 33884**

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

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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: *Donna Willis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/08 863-294-6600
Date Daytime Phone #