

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90292 049 ****50.00

DOCUMENT # L03000037106

1. Entity Name
BUCKEYE NORTH, LLC



Principal Place of Business
**21555 COUNTY ROAD 675
MYAKKA CITY, FL 34251**

Mailing Address
**21555 COUNTY ROAD 675
MYAKKA CITY, FL 34251**

20021702



03142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0324973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGUIRE, HUGH E JR
21555 COUNTY ROAD 675
MYAKKA CITY, FL 34251**

**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

**FILED BY: 31291
Filing Fee is \$50.00
Due by May 1, 2005**

**STATE OF FLORIDA
SECRETARY OF STATE**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCGUIRE, JR., HUGH E
21555 COUNTY ROAD 675
MYAKKA CITY, FL 34251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FALKNER, JOHN
4555 VERNA BETHANY RD
MYAKKA CITY, FL 34251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VERGARA, EMILIO D
21555 COUNTY ROAD 675
MYAKKA CITY, FL 34251**

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: *Emilio Vergara*

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

Date

Daytime Phone #

**352-279-0729
3-14-05**

CK# 1353