

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000040679

1. Entity Name
LDM PROPERTIES, LLC



Principal Place of Business
6824 BAY HILL DRIVE
BRADENTON, FL 34202

Mailing Address
6824 BAY HILL DRIVE
BRADENTON, FL 34202



02082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0347507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAUGHAN, LINDA LEE
6824 BAY HILL DRIVE
BRADENTON, FL 34202

**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

000000851210
03/25/08-80029-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAUGHAN, LINDA LEE 6824 BAY HILL DR BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOSES-BATES, DARLENE 7985 LOST TREE DRIVE YOUNGSTOWN, OH 44512
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOSES, MILENE 1805 E WESTERN RESERVE RD UNIT 9 YOUNGSTOWN, OH 44514
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 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: _____

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

3/3/08
Date

Daytime Phone # _____