

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000049049**

1. Entity Name  
**KAREN S FORD, LLC**



Principal Place of Business

**4551 SW 110TH ST  
OCALA, FL 34476**

Mailing Address

**4551 SW 110TH ST  
OCALA, FL 34476**

**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0435690**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

**FORD, KAREN S  
4551 SW 110TH ST  
OCALA, FL 34476**

**DO NOT WRITE  
IN THIS SPACE**

9. 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FORD, KAREN S  
4551 SW 110TH ST  
OCALA, FL 34476**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000239981  
02/23/05-80011-012 \$0.00

**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: *Karen S Ford* **Karen S Ford**

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

*2/21/05* **352-873-1744**

Date

Daytime Phone #