

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000000662

1. Entity Name
COACH LIGHT VILLA, L.L.C.



Principal Place of Business
1900 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843

Mailing Address
1900 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843



03242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHCRAFT, ALAN S CPA
246 LAKE DAMON DRIVE
AVON PARK, FL 32825

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, GERALD D
1900 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, BRENDA L
1900 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843

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

U000000690907
04/12/07-80009-017 50.00

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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: *Brenda L. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr. 2, 2007 863 635-3143
Date Daytime Phone #