

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000001643

**Entity Name:** LARKIN RANCH, LLC

**FILED**  
**Mar 04, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

39651 LARKIN LAKE DR  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1747  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** 20-0566026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARKIN, JON S II  
39651 LARKIN LAKE DR  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SID LARKIN & SON, IN, C  
Address: 39651 LARKIN LAKE DR  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JON LARKIN

PRES

03/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date