

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000014250**

**1. Entity Name**  
**LANDMARK FLORIDA, LLC**



**Principal Place of Business**  
1195 SW LIVE OAK COVE  
PORT ST. LUCIE, FL 34986

**Mailing Address**  
1195 SW LIVE OAK COVE  
PORT ST. LUCIE, FL 34986



01242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
02-0614461

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

NICHOLSON, ANDREA  
1195 SW LIVE OAK COVE  
PORT ST. LUCIE, FL 34986

**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**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
MGR  
NICHOLSON, ANDREA  
1195 SW LIVE OAK COVE  
PORT ST. LUCIE, FL 34986

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
MGR  
NICHOLSON, HAROLD K  
1195 SW LIVE OAK COVE  
PORT ST. LUCIE, FL 34986

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE**  
**NAME**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

L000000813021  
02/12/08-80072-017 138.75

**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

Date

Daytime Phone #

1/20/08 772-216-4105