

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90045 011 ****50.00

DOCUMENT # L04000020579

1. Entity Name
THE VILLAS, LLC



Principal Place of Business
**1700 SE 17TH STREET, STE. 300
OCALA, FL 34471**

Mailing Address
**1700 SE 17TH STREET, STE. 300
OCALA, FL 34471**

60040690



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
77-0631213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, LARRY E
1700 SE 17TH STREET, STE. 300
OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name **Young, Larry E**
Street Address (P.O. Box Number is Not Acceptable)
1720 SE 16th Ave.
Bldg. 200
City **Ocala** FL Zip Code **34471**

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BOYD, RAY T III**
STREET ADDRESS **1700 SE 17TH ST, STE 300**
CITY-ST-ZIP **OCALA, FL 34471**

10. ADDITIONS/CHANGES

TITLE **mgrm** ☒ Change ☐ Addition
NAME **Boyd, Ray T. III**
STREET ADDRESS **1720 SE 16th Ave. Bldg. 200**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #