# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 07, 2005**
**Secretary of State**

DOCUMENT# L04000051563

**Entity Name:** LONNIE WAYNE MCMULLEN SR., LLC

**Current Principal Place of Business:**

5680 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY, FL 33848 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 994
INTERCESSION CITY, FL 33848

**New Mailing Address:**

752 PETE'S LANE
DAVENPORT, FL 33837 US

**FEI Number: 20-1353640** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MCMULLEN, LONNIE W SR.
5680 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY, FL 33848 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/MEMBERS:**

Title: MGRM ( ) Delete
Name: MCMULLEN, LONNIE W SR.
Address: 5680 S. ORANGE BLOSSOM TRAIL
City-St-Zip: INTERCESSION CITY, US 33848 US

Title: MGRM ( ) Delete
Name: BOMIA, JOY LYNN
Address: 1792 S. ORANGE BLOSSOM TRAIL
City-St-Zip: INTERCESSION CITY, FL 34759

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: LONNIE W. MCMULLEN SR. MGRM 03/07/2005

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