

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000053526

1. Entity Name
**MISTLETOE PROPERTIES, LIMITED LIABILITY
COMPANY**



Principal Place of Business
**1515 N. YOUNG BLVD..
CHIEFLAND, FL 32626 US**

Mailing Address
**P. O. BOX 443
TRENTON, FL 32693 US**



01022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1366530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, TODD
6600 SW 65TH STREET
TRENTON, FL 32693**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRYANT, TODD
6600 SW 65TH STREET
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROWLAND, REESE
710 NE 16TH STREET
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRADLEY, CLIFTON
709 NE 16TH STREET
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ETHERIDGE, FRANK
14471 NE 20TH STREET
WILLISTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALLEN, EDWIN
121 NE 6TH BLVD.
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000578916
01/05/07-80005-016 50.00

**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

1/3/07

Date

352/493-2565

Daytime Phone #

Todd S. Bryant, MGRM