

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90049 007 ***138.75

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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**

12372 N. HWY 19, CHIEFLAND, FL 32626

DO NOT WRITE IN THIS SPACE

60001520



01072008 No Chg-LLC

CR2E083 (12/07)

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 reinsiding)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRYANT, TODD
STREET ADDRESS	6600 SW 65TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	ROWLAND, REESE
STREET ADDRESS	710 NE 16TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	BRADLEY, CLIFTON
STREET ADDRESS	709 NE 16TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	ETHERIDGE, FRANK
STREET ADDRESS	14471 NE 20TH STREET
CITY-ST-ZIP	WILLISTON, FL 32693
TITLE	MGRM
NAME	ALLEN, EDWIN
STREET ADDRESS	121 NE 6TH BLVD.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

1/9/07 **352/493-2525**