

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90194 035 \*\*\*\*50.00

**DOCUMENT # L04000066309**

1. Entity Name  
**INVESTMENT GROUP OF FLORIDA POLK  
DEVELOPMENT, L.L.C.**



Principal Place of Business  
**600 S. MAIN AVENUE  
MINNEOLA, FL 34715**

Mailing Address  
**600 S. MAIN AVENUE  
MINNEOLA, FL 34715**

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1611855**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**CERILLI, CARL  
600 S. MAIN AVENUE  
MINNEOLA, FL 34715**

**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	MGR
NAME	CERILLI, CARL
STREET ADDRESS	600 S. MAIN AVENUE
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	MGR
NAME	PLUMMER, FRED
STREET ADDRESS	600 S MAIN
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	MGR
NAME	BARNES, BRITTON
STREET ADDRESS	<del>602 S MAIN</del> 600 S. MAIN
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #