

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L04000076210

1. Entity Name
ADOOR HOMES, LLC



Principal Place of Business

**1817 SE 34TH LANE
OCALA, FL 34471**

Mailing Address

**1817 SE 34TH LANE
OCALA, FL 34471**



03082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1774030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAASE, JEFFREY H
1817 SE 34TH LANE
OCALA, FL 34471**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HAASE, CHRISTOPHER M
5911 PALMETTOSIDE ST
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
GANZE, TIMOTHY
868 OCEAN PALM WAY
ST. AUGUSTINE, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
HAASE, JEFFREY H
1817 SE 34TH LANE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000855325
03/27/08-80043-014 138.75

**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

JEFFREY H HAASE

Date

3/8/08

Daytime Phone #

3524276621