

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90026 012 \*\*\*138.75

**DOCUMENT # L04000080814**

1. Entity Name  
**LONNIE & ROBBIN AULTMAN INTERIORS LLC**



Principal Place of Business  
**150 REAM RD  
WINTER HAVEN, FL 33880**

Mailing Address  
**150 REAM ROAD  
WINTER HAVEN, FL 33880**

**00008770**



2. Principal Place of Business - No P.O. Box #  
**15 Mulberry St.**

3. Mailing Address  
**15 Mulberry St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302008 Chg-LLC CR2E083 (12/06)

City & State  
**Lake Wales FL**

City & State  
**Lake Wales FL**

4. FEI Number  
**20-1866798**

Applied For  
Not Applicable

Zip  
**33853**

Country  
**Polk County**

Zip  
**33853**

Country  
**Polk County**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AULTMAN, ROBBIN  
150 REAM ROAD  
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**15 Mulberry St.**  
City **Lake Wales** FL Zip Code **33853**

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  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
AULTMAN, LONNIE  
150 REAM RD  
WINTER HAVEN, FL 33880** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
AULTMAN, ROBBIN  
150 REAM RD  
WINTER HAVEN, FL 33880** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
AULTMAN, TERRY  
150 REAM RD  
WINTER HAVEN, FL 33880** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Aultman, Lonnie  
15 Mulberry St.  
Lake Wales, FL 33853** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
Aultman, Lora  
15 mulberry St.  
Lake Wales, FL 33853** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
Aultman, Terry  
15 Mulberry St.  
Lake Wales, FL 33853** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: Lorrie Aultman 7/17/08 863-528-5972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #