

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90038 048 ***138.75

DOCUMENT # L05000004024

1. Entity Name
MT. DORA WILDLIFE LLC



Principal Place of Business
**139 E 4TH STREET
MT. DORA, FL 32757**

Mailing Address
**139 E 4TH STREET
MT. DORA, FL 32757**

60034753



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

24-9725582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEVERS, LAWRENCE A
10729 LAKE HILL DR.
MT. DORA, FL 32757**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SEVERS, LAWRENCE A	
STREET ADDRESS	10729 LAKE HILL DR.	
CITY - ST - ZIP	CLERMONT, FL 34711	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SEVERS, PATRICIA P	
STREET ADDRESS	10729 LAKE HILL DR.	
CITY - ST - ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Lawrence A Severs* **LAWRENCE A. SEVERS** 4-10-2008 352-735-0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #