

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010951

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** COUNTRY ESTATES OF OCALA, LLC

**Current Principal Place of Business:**

901 NE 95TH STREET  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

901 NE 95TH STREET  
OFFICE  
OCALA, FL 34479

**New Mailing Address:**

**FEI Number:** 20-2272736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WONSIK, CONNIE C  
4354 TAHITI DRIVE  
HERNANDO BEACH, FL 34607 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WONSIK, CONNIE C  
**Address:** 4354 TAHITI DRIVE  
**City-St-Zip:** HERNANDO BEACH, FL 34607

**Title:** MGRM  
**Name:** WONSIK, JOHN D  
**Address:** 4354 TAHITI DRIVE  
**City-St-Zip:** HERNANDO BEACH, FL 34607

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CONNIE C WONSIK

MGRM

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date