

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010951

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

901 NE 95TH STREET (OFFICE)  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

901 NE 95TH STREET (OFFICE)  
OCALA, FL 34479

**New Mailing Address:**

7313 LANDMARK DR.  
SPRING HILL, FL 34606

**FEI Number:** 20-2272736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WONSIK, CONNIE C  
7313 LANDMARK DR.  
SPRING HILL, FL 34606 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:** 7313 LANDMARK DR.  
**City-St-Zip:** SPRING HILL, FL 34606

**Title:** MGRM  
**Name:** WONSIK, JOHN D  
**Address:** 7313 LANDMARK DR.  
**City-St-Zip:** SPRING HILL, FL 34606

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

04/29/2012

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