

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 034 ***138.75

DOCUMENT # L05000032527

1. Entity Name
TRIAD OF OCALA, LLC



Principal Place of Business
2605 SW 33RD ST
STE 200
OCALA, FL 34474

Mailing Address
PO BOX 2495
OCALA, FL 34478

30003617



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0742610

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH
2605 SW 33RD ST
OCALA, FL 34474

**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
MGR
HOLIK, RENE
PO BOX 9236
JACKSON, WY 83002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DEBENEDICTY, GEORGE S
PO BOX 772532
OCALA, FL 34477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MATTHEWS, PAUL I
2296 BUCKLAND AVE
FREMONT, OH 43420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLIK, ROBERT
PO BOX 9236
JACKSON, WY 83002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MALMAN, MYLES H
3107 STIRLING RD STE 101
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MALMAN, JILL A
3107 STIRLING RD STE 101
FORT LAUDERDALE, FL 33312

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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:

George DeBenedicty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/08 352/482-0777

Date

Daytime Phone #