


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90274 018 \*\*\*138.75

<b>DOCUMENT # L05000033566</b>	
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1. Entity Name  
**EASY HOMES 123, LLC**

Principal Place of Business  
**1927 S FLORIDA AVE  
LAKELAND, FL 33803**

Mailing Address  
**5337 N SOCRUM LOOP #338  
LAKELAND, FL 33809**

**60018609**



2. Principal Place of Business - No P.O. Box # <b>5337 N Socrum loop Rd</b> Suite, Apt. #, etc. <b># 338</b> City & State <b>Lakeland FL</b> Zip <b>33809</b> Country <b>USA</b>	3. Mailing Address <b>5337 N Socrum loop Rd</b> Suite, Apt. #, etc. <b># 338</b> City & State <b>Lakeland</b> Zip <b>FL</b> Country <b>33809</b>
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03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2882250</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>BROWNING, LYNN E 5337 N SOCRUM LOOP #338 #176 LAKELAND, FL 33809</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **Lynn E Browning mgr**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MITCHELL, STEVE S 5337 SOCRUM LOOP, #338 LAKELAND, FL 33809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BROWNING, LYNN E 5337 SOCRUM LOOP, #338 LAKELAND, FL 33809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **St S, Mitchell**

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

Date

Daytime Phone #

**3/24/08 863-640-7355**