

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 028 ***138.75

DOCUMENT # L05000035691

1. Entity Name
IDEAL MANAGEMENT SERVICES OF OCALA, LLC



Principal Place of Business
616 N. MAYO STREET
CRYSTAL BEACH, FL 34681

Mailing Address
PO BOX 56
CRYSTAL BEACH, FL 34681

60017923



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORP DIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32304

ROBERT L DINGESS
P.O. BOX 56
CRYSTAL BEACH, FL
34681

**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: *Robert L Dinges*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

FL DEPT OF STATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DINGESS, ROBERT L
PO BOX 56
CRYSTAL BEACH, FL 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DINGESS, SHERRY L
PO BOX 56
CRYSTAL BEACH, FL 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Robert L Dinges* ROBERT L DINGESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-14-08
Date

727-743-0749
Daytime Phone #