

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE 31 MAY 1, 2008**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90103 028 ***138.75

DOCUMENT # L05000039022

1. Entity Name

FEELEY FAMILY 1, LLC



Principal Place of Business

7930 SW 115TH LOOP
OCALA FL 34476

11490 SW 82nd Ave

Mailing Address

7930 SW 115TH LOOP
OCALA FL 34476

11490 SW 82nd Ave

34481

34481



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2718990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVEY, RAYMOND M
4041 NW 37TH PLACE
SUITE B
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer (check)

(NOTE: Registered Agent's 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FEELEY, RICHARD
7930 SW 115TH LOOP
OCALA FL 34476
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *R T Feeley* (RT Feeley) Mgr 2/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

352-237
9014

352-237
9014