

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:55

DOCUMENT # L05000051408

1. Entity Name
LMC BACKBONE GROVE, LLC



Principal Place of Business
33 EAST WALL STREET
FROSTPROOF, FL 33843

Mailing Address
33 EAST WALL STREET
FROSTPROOF, FL 33843



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

3. Mailing Address

21299 US Hwy 27
Lake Wales, FL
33859-6851

P. O. BOX 3737
Lake Wales, FL
33859-3737

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-1004757

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

WILSON, P T
33 EAST WALL STREET
FROSTPROOF, FL 33843

David A. Miller
21299 US Hwy 27
Lake Wales, FL 33859-6851

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2008

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 MGR ☐ Delete
NAME LATT MAXCY CORPORATION
STREET ADDRESS 33 EAST WALL STREET
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE MGR ☒ Change ☐ Addition
NAME Latt Maxcy Corporation
STREET ADDRESS 21299 US Hwy 27
CITY-ST-ZIP Lake Wales, FL 33859

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800128355288
STREET ADDRESS 05/05/08--01003--032
CITY-ST-ZIP **927.50

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

4-28-08

Date

863.679.6700

Daytime Phone #