

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055303

FILED
Apr 29, 2009
Secretary of State

Entity Name: OAKRIDGE, LLC

Current Principal Place of Business:

2511 HWY 77
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 226
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 20-2948793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTMAN, BENJAMIN R
2511 HWY 77
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WORTMAN, BENJAMIN R
Address: 2511 HWY. 77
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: WORTMAN, CHRISTINA C
Address: 2511 HWY 77
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: JOHNSON, BENJAMIN L
Address: 2511 HWY 77
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: JOHNSON, KATHRYN C
Address: 2511 HWY 77
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN R. WORTMAN

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date