

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 029 ****50.00

DOCUMENT # L05000060145

1. Entity Name
LAND DOCS, LLC



Principal Place of Business
1194 MARINER BLVD
SPRING HILL, FL 34609 US

Mailing Address
1194 MARINER BLVD
SPRING HILL, FL 34609 US

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

495 MARINER BLVD

3. Mailing Address

495 MARINER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007

Chg-LLC

CR2E083 (12/06)

City & State

SPRING HILL FL

City & State

SPRING HILL FL

Zip

34609 US

Zip

34609 US

Country

US

4. FEI Number

20-3008626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATISTA, JOHN
1194 MARINER BLVD
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name

BATISTA, JOHN

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

495 MARINER BLVD

City

SPRING HILL FL

Zip Code

34609

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

JOHN BATISTA

3/17/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BATISTA, JOHN
1194 MARINER BLVD
SPRING HILL, FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BATISTA, JOHN
495 MARINER BLVD
SPRING HILL FL 34609 ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this report 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

Date

Daytime Phone # 352 666 2000

JOHN BATISTA

352 666 2000