

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062208

1. Entity Name

BUCKEYE BUILDING, L.L.C.



Principal Place of Business

1631 LAMBEAU AVENUE  
SEBRING, FL 33875 US

Mailing Address

1631 LAMBEAU AVENUE  
SEBRING, FL 33875 US

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-3072107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F  
129 S. COMMERCE AVENUE  
SEBRING, FL 33870

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954115  
07/10/08-80012-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRENNER, GENE
STREET ADDRESS	1631 LAMBEAU AVENUE
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	MGR
NAME	RIMER, JAMES
STREET ADDRESS	1631 LAMBEAU AVENUE
CITY-ST-ZIP	SEBRING, FL 33875
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:

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

Date

Daytime Phone #

JAMES RIMER 7-08-08 883-414-1767