

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000093844

1. Entity Name

THE WALKER'S GROVE OF POLK COUNTY, L.L.C.



Principal Place of Business

5120 SOUTH LAKELAND DRIVE, SUITE 2
LAKELAND, FL 33813

Mailing Address

5120 SOUTH LAKELAND DRIVE, SUITE 2
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-3540352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAWBRIDGE, V. FREDERICK
5120 SOUTH LAKELAND DRIVE, SUITE 2
LAKELAND, FL 33813

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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

3/21/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STRAWBRIDGE, V. FREDERICK
STREET ADDRESS 5120 SOUTH LAKELAND DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND, FL 33813

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U000000874716
04/11/08-80003-020 138.75

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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

V. FREDERICK
STRAWBRIDGE

3/27/08

863646-9322

Date

Daytime Phone #