

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033100

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** OAK ST., LLC

**Current Principal Place of Business:**

802 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

5708 FLAMINGO DRIVE  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

802 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

5708 FLAMINGO DRIVE  
CAPE CORAL, FL 33904 US

**FEI Number:** 13-4323840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STORY, JANE  
802 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

STORY, JANE  
5708 FLAMINGO DRIVE  
CAPE CORAL, FL 33904 US

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:**

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STORY, JANE  
**Address:** 5708 FLAMINGO DRIVE  
**City-St-Zip:** CAPE CORAL, FL 33904 US

**Title:** MGRM  
**Name:** STOUT, RICHARD O  
**Address:** 1353 AWATUKEE TRAIL  
**City-St-Zip:** HUDSON, WI 54016 US

**Title:** MGRM  
**Name:** CHAMBERLAIN, LARRY J  
**Address:** 2015 N 28TH AVENUE  
**City-St-Zip:** HOLLYWOOD, FL 33020 US

**Title:** MGRM  
**Name:** SMITH, JOANNE M  
**Address:** 4106 FILMORE STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021 US

I hereby 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:** JANE STORY

PRES

03/16/2011

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