

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90311 012 ****50.00

60015013



01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4644977** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, MATT
277 PINWOOD DRIVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name **CARRIE M. VAN DEN BOOM**
Street Address (P.O. Box Number is Not Acceptable)
3843 W. LAKE HAMILTON DRIVE
City **WINTER HAVEN** FL Zip Code **33881**

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 *Carrie M. Van Den Boom* 2/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARRIE M. VANDENBOOM	
STREET ADDRESS	3843 W. LAKE HAMILTON DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVID A. MATHEWS	
STREET ADDRESS	3843 W. LAKE HAMILTON DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EDWARD D. MATHEWS, JR.	
STREET ADDRESS	277 PINWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL. 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carrie M. Van Den Boom* 2/8/07 (863)294-9336
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #