

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000043677

1. Entity Name
PORTER-TOWNSEND OF OKEECHOBEE, LLC



Principal Place of Business
**201 SW 16TH STREET
OKEECHOBEE, FL 34974 US**

Mailing Address
**2569 NE 54TH TRAIL
OKEECHOBEE, FL 34972 US**

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4768267

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOWNSEND, JERRY
2569 NE 54TH TRAIL
OKEECHOBEE, FL 34972**

**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
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JERRY AND WILLA TOWNSEND REVOCABEL TRUST
STREET ADDRESS 2569 NE 54TH TRAIL
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE MGRM
NAME MARY PORTER TRUST
STREET ADDRESS 818 HWY 441 SE
CITY-ST-ZIP OKEECHOBEE, FL 34974

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U00000778693
01/11/08-80008-007 138.75

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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: Jerry Townsend

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

1-08-08 863-467-9608

Date

Daytime Phone #