

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90078 036 ***138.75

DOCUMENT # L06000043683

1. Entity Name
PORTER-TOWNSEND, LLC



Principal Place of Business
**107 SW 17TH STREET
OKEECHOBEE, FL 34974 US**

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

60000882



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4768187

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 date 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	MARY PORTER TRUST
STREET ADDRESS	107 SW 17TH STREET 818 NW 445 E
CITY - ST - ZIP	OKEECHOBEE, FL 34974
TITLE	MGRM
NAME	JERRY AND WILLA TOWNSEND, REVOCABLE TRUST
STREET ADDRESS	107 SW 17TH STREET 2569 NE 54 TRAIL
CITY - ST - ZIP	OKEECHOBEE, FL 34974 34972
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.

Jerry Townsend

SIGNATURE: _____

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

DATE

DAYTIME PHONE #

1-8-08 863-467-9608