

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90015 045 \*\*\*138.75

**DOCUMENT # L06000046204**

1. Entity Name  
716 OAKWOOD LLC



Principal Place of Business

5411 TWIN CREEKS DR.  
VALRICO, FL ~~33594~~ US  
33596

Mailing Address

5411 TWIN CREEKS DR.  
VALRICO, FL ~~33594~~ US  
33596

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-4818293

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, MARK D  
5411 TWIN CREEKS DR  
VALRICO, FL ~~33594~~  
33596

**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

*Mark D. Simpson* MARK D. Simpson Managing Member

1/11/08  
DATE

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SIMPSON, MARK D  
5411 TWIN CREEKS DR.  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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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

Date

Daytime Phone #

*Mark D. Simpson* Mark D. Simpson Managing Member 1/11/08

813.245  
7838