

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051429

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** FLORIDA LIONS CLUB RECLAMATION CENTER, LLC

**Current Principal Place of Business:**

3826 NW GAINESVILLE RD  
OCALA, FL 34475

**New Principal Place of Business:**

3826 NW GAINESVILLE RD  
OCALA, FL 34475 US

**Current Mailing Address:**

3826 NW GAINESVILLE RD  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 51-0577652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KRUMM, WALTER E SR  
3826 NW GAINESVILLE RD  
OCALA, FL 34475 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KRUMM, WALTER E SR  
Address: 3826 NW GAINESVILLE RD  
City-St-Zip: OCALA, FL 34475

Title: MGR ( ) Delete  
Name: RICE, LOWELL  
Address: 1850 NE 36TH STREET  
City-St-Zip: OCALA, FL 34479

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: KRUMM, WALTER E SR  
Address: 3826 NW GAINESVILLE RD  
City-St-Zip: OCALA, FL 34475 US

Title: G.M. (X) Change ( ) Addition  
Name: RICE, LOWELL  
Address: 1850 NE 36TH STREET  
City-St-Zip: OCALA, FL 34479 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WALTER E KRUMM SR.

PRES

01/04/2008

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