

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000055230

1. Entity Name
COUNTRYMENS GARAGE DOOR SERVICE LLC



FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business
10700 U.S. HIGHWAY 441, SUITE 102 #175
LEESBURG, FL 34788

Mailing Address
10700 U.S. HIGHWAY 441, SUITE 102 #175
LEESBURG, FL 34788



07182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1965534
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALL, JOHN
713 N. 14TH STREET #175
LEESBURG, FL 34748

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BALL, JOHN
713 N. 14TH STREET #175
LEESBURG, FL 34748

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
LOCKE, WILLIAM F
3370 CR 507
WILDWOOD, FL 34785

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000359357
09/09/08-800006-025 138.75

**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.

SIGNATURE: *John Ball*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9-5-08 352-303-5446
Date Daytime Phone #