


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000062538

1. Entity Name
TOWN & COUNTRY LLC



Principal Place of Business
**9013 MAHAN DRIVE, UNIT 301
 TALLAHASSEE, FL 32309**

Mailing Address
**9013 MAHAN DRIVE, UNIT 301
 TALLAHASSEE, FL 32309**

DO NOT WRITE IN THIS SPACE



04232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5083445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOHL, LINDA C RA
 170 RED FOX RUN
 MONTICELLO, FL 32344**

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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: *Linda Fohl* DATE: 4-23-08

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FEARINGTON, KATIE 4997 VETERANS MEMORIAL DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEARINGTON, MERCER 4997 VETERANS MEMORIAL DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUHLO, CHERYL 1353 CONSERVANCY DR, E TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/27/08-00031-005 138.75

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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: *Cheryl Kuhlo* DATE: 4-23-08 DAYTIME PHONE: 850 656-5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #