


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L06000071760 1. Entity/Name 585 OAK LLC |  |
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| Principal/Partner/Business 585 S. RONALD REAGAN BLVD., STE. 133 LONGWOOD, FL 32750 | Mailing Address 585 S. RONALD REAGAN BLVD., STE. 133 LONGWOOD, FL 32750 |
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DO NOT WRITE IN THIS SPACE



04242008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 16-1770798 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SUTHERLAND, JOSEPH D
585 S. RONALD REAGAN BLVD., STE. 133
LONGWOOD, FL 32750**

**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
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET/ADDRESS CITY-ST-ZIP | MGRM SUTHERLAND, JOSEPH D 585 S. RONALD REAGAN BLVD., STE. 133 LONGWOOD, FL 32750 |
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U00000925663
05/20/08-80036-007 138.75

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: *Joseph D Sutherland* **4-24-08 407-339-8811**

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