

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073557

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Entity Name:** LARK PORTABLE BUILDING OF LAKE CITY, LLC

**Current Principal Place of Business:**

2023 W US HWY 90  
LAKE CITY, FL 32055

**New Principal Place of Business:**

792 SW BASCOM NORRIS DR  
LAKE CITY, FL 32025

**Current Mailing Address:**

2023 W US HWY 90  
LAKE CITY, FL 32055

**New Mailing Address:**

792 SW BASCOM NORRIS DR  
LAKE CITY, FL 32025

**FEI Number:** 20-5471581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLINGHAM, LINDA K  
446 SW JAFUS AVE  
LAKE CITY, FL 32024 US

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

CHANDLER'S BOOKKEEPING & TAX SERVICE  
792 SW BASCOM NORRIS DR. STE A  
LAKE CITY, FL 32025 US

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: CAREY F. CHANDLER

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLINGHAM, LINDA K  
Address: 446 SW JAFUS AVE  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLINGHAM, ROLAND  
Address: 792 SW BASCOM NORRIS DR  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: ROLAND WILLINGHAM

MGMR

01/05/2007

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