

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 027 ***538.75

DOCUMENT # L06000074387



1. Entity Name
PLEASANT HILL, LLC

Principal Place of Business
**505 MAITLAND AVE
STE 1350
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**PO BOX 940605
MAITLAND, FL 32794**

50009021



2. Principal Place of Business - Not P.O. Box #

1971 Lee Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07242008 Chg-LLC CR2E083 (12/06)

City & State
Winter Park, FL

City & State

4. FEI Number
20-8687897

Applied For
Not Applicable

Zip
32789

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARP, DUDLEY Q JR ESQ
369 N NEW YORK AVE 3RD FLOOR
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CALHOUN, MICHAEL D
PO BOX 940605
MAITLAND, FL 327940605**

☐ Delete

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/28/08

407-629-9304