

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 OCT 16 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000078930

1. Entity Name
ELDER ESTATE PRESERVATION, L.L.C.



Principal Place of Business
500 S FLORIDA AVENUE #340
LAKELAND, FL 33801

Mailing Address
500 S FLORIDA AVENUE #340
LAKELAND, FL 33801



2. Principal Place of Business - No P.O. Box #

439 S. Florida Ave

Suite, Apt. #, etc.

Suite 300

City & State

Lakeland, FL

Zip
33801

Country

3. Mailing Address

Same as place of business

Suite, Apt. #, etc.

City & State

Zip

Country

04252007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-6156770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMENTS, MARK E ESQ
310 EAST MAIN STREET
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
A & O INVESTMENTS, LLC
STREET ADDRESS
500 S FLORIDA AVENUE #340
CITY- ST- ZIP
LAKELAND, FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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05/17/07-90173-046- \$50.00

REINSTATEMENT

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

5/1/07

Date

863-683-1300

Daytime Phone #