

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000086397

1. Entity Name
13420 ORANGE PARK, L.L.C.



Principal Place of Business
12201 N.W. 5TH STREET
PLANTATION, FL 33325

Mailing Address
12201 N.W. 5TH STREET
PLANTATION, FL 33325



04122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5501895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACORD, LINDA L
12201 NW 5TH ST
PLANTATION, FL 33325

**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

U000000944366
05/23/08-80097-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ACORD, WILBUR R
STREET ADDRESS	12201 N.W. 5TH STREET
CITY- ST- ZIP	PLANTATION, FL 33325
TITLE	MGR
NAME	ACORD, LINDA L
STREET ADDRESS	12201 N.W. 5TH STREET
CITY- ST- ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Linda L. Acord

Linda L. Acord

4/28/08

954-472-1099

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

Date

Daytime Phone #