## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L06000091313



**FILED** Feb 02, 2007 8:00 am Secretary of State

Principal Place of Business	1. Entity Name NATURE COAST RV CENTER LLC										
Sum, Apt. #, MC.  City & Simis  City & City	5273 TREIM	IAN BOULEVAR		5273 TREIMAN BOULEVARD					anu Seire Addu aum		
City & Sinte  Country  Country  City  Country  Sinte Address of New Registered Agent  Name  T. Name and Address of New Registered Agent  Name  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  Sinte Address (P.O. Box Number is Not Acceptable)  City  FL   Zip Code  City  FILing Fee is \$50.00  Due by May 1, 2007  Filling Fee is \$50.00  Due by May 1, 2007  Research Agent	Principal Place of Business - No P.O. Box # 3. Mailing Address										
Zip Country Zip Country Sip Country Sip Country Sip Country S. Certificate of Status Desired X \$5.0 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  DYKES. CITY, FL 33523  Sireel 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 agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent.  SIGNATURE  Topmon, hold or precedural or registered agent.  Make the calc page of the process of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of Policy of Registered agent.  SIGNATURE  Topmon, hold or precedural or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of Registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of Registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of Registered agent.  SIGNATURE  Topmon, hold or registered agent.  Make the obligation of Registered agent.  Make the obligation of Registered agent.  Make the obligation of Registered agent.  The make the obligation of Registered agent.  Topmon, hold or registered agent.  The process of Registered agent.  The process o	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252007	Chg-LLC	CR2E0	33 (12/06)	
- 6. Name and Address of Current Registered Agent  - 7. Name and Address of New Expelled  - 8. Certificate of Status Desired  - 7. Name and Address of New Expelled  - 8. The above named entry 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.  - 8. The above named entry 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.  - 8. The above named entry 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.  - 8. Man Addin's Members / Man Agent ag	City & State					1 ~		10	<del></del>		
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Zip Country		Zip Coun		ry	5. Certificate	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  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  Filling Fee is \$50,00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADCITIONS/CHANGES  ITILE  MGRM  DYKES, CINDY  SINEET ADDRESS  CITY-ST-2P  DADE CITY, FL 33523  CITY-ST-2P  TITLE  MAKE  SIREET ADDRESS  CITY-ST-2P  TITLE  MAKE  SIRET ADDRESS  CITY-ST-2P  TITLE  CI	6. Name and Address of Current Registered Agent						7. Name and	d Address of New I	Registered A	gent	
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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	STREET ADDRESS	1									

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.