


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90030 027 ***138.75

DOCUMENT # L06000102210	
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1. Entity Name
OAK MEADOWS, LLC

Principal Place of Business
25 COUNTY ROAD 15
BUNNELL, FL 32110

Mailing Address
25 COUNTY ROAD 15
BUNNELL, FL 32110

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

45 SETON TRAIL

3. Mailing Address

45 SETON TRAIL

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32176

Country

U.S.A.

Zip

32176

Country

U.S.A.

03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5739918

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDDY, FRANK R
25 COUNTY ROAD 15
BUNNELL, FL 32110

45 SETON TRAIL SUITE 101
ORMOND BEACH, FL
32176

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERGUSON, RAYMOND L	
STREET ADDRESS	1286 JOHN ANDERSON DR	
CITY - ST - ZIP	ORMOND BEACH, FL 32176	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	EDDY, FRANK R	
STREET ADDRESS	25 COUNTY ROAD 15	
CITY - ST - ZIP	BUNNELL, FL 32110	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	45 SETON TRAIL SUITE 101	
CITY - ST - ZIP	ORMOND BEACH, FL 32176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

F. RAYMOND EDDY

4/7/08

386 677 3595

Date

Daytime Phone #