

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102954

Entity Name: WALNUT MOUNTAIN, LLC

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

16119 FLAGG POND LANE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

16119 FLAGG POND LANE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 20-5759751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COONER, JEFFREY C
16119 FLAGG POND LANE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COONER, JEFFREY C
Address: 16119 FLAGG POND LANE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM () Delete
Name: COONER, SHERRI D
Address: 16119 FLAGG POND LANE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGRM () Delete
Name: RAFFERTY, EVERETT D
Address: 614 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: RAFFERTY, CHARLOTTE
Address: 614 ASTARIAS CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRI D COONER

MGRM

02/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date