


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90353 039 ****50.00

DOCUMENT # L06000103827					
1. Entity Name 6135 S. FLORIDA, LLC					
Principal Place of Business 5125 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813			Mailing Address P.O. BOX 5078 LAKELAND, FL 33807		
2. Principal Place of Business - No P.O. Box # 5120 S. Florida Ave.		3. Mailing Address Suite, Apt. #, etc. Suite. 318			
City & State Lakeland, FL		City & State City & State		4. FEI Number 20-8181725	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRITTON, CHARLES P C/O WENDEL & CHRITTON, CHARTERED 225 EAST LEMON STREET, SUITE 351 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, MARY E TRUSTEE 5125 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5120 S. Florida Ave. Ste. 318 Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, JOHN F TRUSTEE 5125 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	336 W. Highland Dr. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mary E Wendel</u> MARY E WENDEL			4/30/07 863/860-5937		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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