

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90017 029 \*\*\*138.75

**DOCUMENT # L06000103829**

1. Entity Name  
**CLUB HILL ESTATES, LLC**



Principal Place of Business  
**5120 SOUTH FLORIDA AVE., SUITE 318  
LAKELAND, FL 33813**

Mailing Address  
**P.O. BOX 5078  
LAKELAND, FL 33807**

**50006372**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-8181377**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRITTON, CHARLES P  
C/O WENDEL & CHRITTON, CHARTERED  
225 EAST LEMON STREET, SUITE 351  
LAKELAND, FL 33801**

Name **Albert G. Wendel**

Street Address (P.O. Box Number is Not Acceptable)  
**5120 S. Florida Ave.**

**Suite 318**

City

**Lakeland m**

**FL**

Zip Code  
**33813**

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

*Albert G. Wendel*

**Albert G. Wendel**

**5/1/08**

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** ☐ Delete  
NAME **WENDEL, MARY E**  
STREET ADDRESS **5120 SOUTH FLORIDA AVE., SUITE 318**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **MGRM** ☐ Delete  
NAME **WENDEL, ALBERT G**  
STREET ADDRESS **5120 SOUTH FLORIDA AVE., SUITE 318**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Albert G. Wendel*

**ALBERT G. WENDEL**

**5/1/08**

**863/648-9626**

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

Date

Daytime Phone #