

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000104309

1. Entity Name
ONB-MI, LLC



Principal Place of Business
3001 SE MARICAMP RD.
OCALA, FL 34471

Mailing Address
3001 SE MARICAMP RD.
OCALA, FL 34471



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8088252

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAY, RANCE
3001 SE MARICAMP RD.
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME KAY, RANCE
STREET ADDRESS 3001 SE MARICAMP RD
CITY-ST-ZIP OCALA, FL 34471

TITLE VP
NAME FABIAN, JEF
STREET ADDRESS 3001 SE MARICAMP RD
CITY-ST-ZIP OCALA, FL 34471

TITLE VP
NAME PLUNKETT, JOHN
STREET ADDRESS 3001 SE MARICAMP RD
CITY-ST-ZIP OCALA, FL 34471

TITLE S
NAME BERRYHILL, MICHAEL
STREET ADDRESS 3001 SE MARICAMP RD
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/10/08
Date

Daytime Phone #