

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105927

Entity Name: OCALA TRADITIONS, LLC

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

405 EAST SILVER SPRINGS BLVD.  
B  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6155  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 27-0146230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, PAULA C  
1238 SE FIFTH STREET  
OCALA, FL 34471 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  
Name: GREINER, CARMEN  
Address: 2810 SE 19TH COURT  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: KING, PAULA C  
Address: 1238 SE FIFTH STREET  
City-St-Zip: OCALA, FL 34471

I hereby 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: CARMEN GREINER

MGRM

03/07/2011

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