

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90036 033 ****50.00



DOCUMENT # L06000107114

1. Entity Name
MARY K. THOMAS ENTERPRISES, LLC

Principal Place of Business
**1013 E SILVER SPRINGS BLVD.
OCALA, FL 34470**

Mailing Address
**PO BOX 4781
OCALA, FL 34478**

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

307 N. Main St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 4781

Suite, Apt. #, etc.

City & State

Wildwood, FL 34785

Zip

Country

USA

City & State

Ocala FL

Zip

34478

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5799799

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, MARY K
1025 SE 14 ST
OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name

no changes

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	THOMAS, MARY	
STREET ADDRESS	PO BOX 4781	
CITY-ST-ZIP	OCALA, FL 34478	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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10. ADDITIONS/CHANGES

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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: *Mary K Thomas* **Mary K. Thomas** 1-4-07 352-266-0015

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

Date

Daytime Phone #