

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 JUL 17 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000012960

1. Entity Name  
10435 SOUTHEAST 170TH PLACE, LLC



Principal Place of Business  
3310 S.W. 34TH STREET  
OCALA, FL 34474

Mailing Address  
3310 S.W. 34TH STREET  
OCALA, FL 34474



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
01-0896740

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

FLEECE, JONATHAN D  
802 11TH STREET WEST  
BRADENTON, FL 34205-7734

Name

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 resigning)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME FERNS, JUSTIN MD  
STREET ADDRESS 3310 SW 34 ST.  
CITY-ST-ZIP Ocala, FL 34474

TITLE MGR ☐ Change ☒ Addition  
NAME GUMMADI, SIVA S MD  
STREET ADDRESS 3320 S.W. 33rd Road Suite 200  
CITY-ST-ZIP Ocala, FL 34474

TITLE MGR ☒ Delete  
NAME NASSIL, ALI MD  
STREET ADDRESS 3310 SW 34 ST  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME 200133143472  
STREET ADDRESS 07/18/08--01044--017 \*\*50.00  
CITY-ST-ZIP

TITLE MGR ☒ Delete  
NAME ANISS, SHAMARI MD  
STREET ADDRESS 3310 SW 34 ST  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Delete  
NAME UGARTE, JOHO C MD  
STREET ADDRESS 3310 SW 34 ST  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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:

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

Date

Daytime Phone #