

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90051 015 ***138.75

DOCUMENT # L07000077923

1. Entity Name
O'CONNOR ENTERPRISES, LLC



Principal Place of Business
411 SW 38TH STREET
OCALA, FL 34474 US

Mailing Address
411 SW 38TH STREET
OCALA, FL 34474 US

50008553



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-0613450

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

O'CONNOR, MICHAEL
411 SW 38TH STREET
OCALA, FL 34474

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME O'CONNOR, MICHAEL
STREET ADDRESS 411 SW 38TH STREET
CITY-ST-ZIP Ocala, FL 34474

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

TITLE MGRM ☐ Delete
NAME O'CONNOR, CYNTHIA
STREET ADDRESS 411 SW 38TH STREET
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
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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.

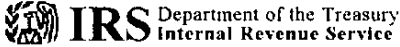
SIGNATURE: *Lynsien O'Connor*

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

Date

Daytime Phone #

***352-813-7680**



faxed 7-14-08

ATTACHMENT

OMB Clearance No.: 1545-0130

OGDEN UT 84201-0034

In reply refer to: 0425876267

July 02, 2008 LTR 3463C 0 S

26-0613450 200712 02 000

00022129

BODC: SB

50008553
#107000077923

O'CONNOR ENTERPRISES LLC
411 SW 38TH ST
OCALA FL 34471



000118

Taxpayer Identification Number: 26-0613450
Tax Period: Dec. 31, 2007
Form: 1120S-
29316-145-11837-8

Dear Taxpayer:

We received your form for the tax period listed above and find we need additional information to process your return accurately.

Your return is not signed. Please sign the declaration at the end of this letter and return it to us. The declaration will become a part of the return.

Please send us this letter, with the information requested, within 30 days. If we do not hear from you, your account may reflect incorrect information.

If you need forms, schedules or publications to respond to this letter, you may get them by:

- Visiting the IRS Website at www.irs.gov
- Calling 1-800-TAX-FORM (1-800-829-3676)

If you wish to send the information by fax, our fax number is 801-620-6607. Do not send an additional copy by mail. Doing so could delay the processing of your return. Please include a cover sheet with the following information:

Date:

Attention: Reject Unit MS 6121

Control Number: 29316-145-11837-8

Your Name: _____

Your Employer Identification Number: _____

Tax Period: _____

Number of pages of faxed material: _____

Due to high volume we cannot acknowledge receipt of your fax.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

ATTACHMENT

0425876267

50008553

July 02, 2008 LTR 3463C 0 S

26-0613450 200712 02 000

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#L07000077923

O'CONNOR ENTERPRISES LLC
411 SW 38TH ST
OCALA FL 34471

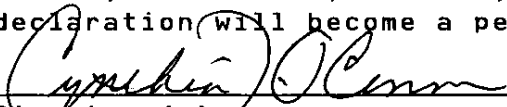


29316-145-11837-8

000118

Declaration

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand this declaration will become a permanent part of that return.


Signature(s)

7/14/08
Date


Owner

Title: (taxpayer, owner, partner, authorized representative, etc.)