

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90170 043 ***138.75

DOCUMENT # L07000079901

1. Entity Name
STORY BOOK FARMS, LLC



Principal Place of Business
**1515 E. SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470 US**

Mailing Address
**1515 E. SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470 US**

00004458



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

3391 E. SILVER SPRINGS BLVD.

3. Mailing Address

P.O. Box 1807

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

04082008 Chg-LLC CR2E083 (12/06)

City & State

OCALA FLORIDA

City & State

OCALA FLORIDA

4. FEI Number

26-0646105

Applied For

Not Applicable

Zip

34470

Country

Zip

34478

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, GEORGE
1515 E SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name **GEORGE C. YOUNG**

Street Address (P.O. Box Number is Not Acceptable)
3391 EAST SILVER SPRINGS BLVD.

SUITE C

City **OCALA**

FL

Zip Code **34470**

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

George Christopher Young GEORGE C. YOUNG

X

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **YOUNG, CHRIS**
STREET ADDRESS **C/O 1515 E SILVER SPRINGS BLVD., STE. 128**
CITY-ST-ZIP **OCALA, FL 34470**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **YOUNG, GEORGE C.**
STREET ADDRESS **40 3391 E. SILVER SPRINGS BLVD STE C**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **George Christopher Young GEORGE C. YOUNG** **X**

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

Date

Daytime Phone #

603-918-6203