

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

02-25-2008 90138 047 ***138.75

DOCUMENT # L07000126063					
1. Entity Name LOVING ACRES, LLC					
Principal Place of Business 2802 CASON STREET SEFFNER, FL 33534			Mailing Address 2802 CASON STREET SEFFNER, FL 33534		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
6. Name and Address of Current Registered Agent GONZALEZ, ALAN F ESQ. C/O WALTERS, LEVING, ET AL. 601 BAYSHORE BLVD., SUITE 720 TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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 <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
8. MANAGING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOVING, LUCILLE S TRUSTEE 2802 CASON STREET SEFFNER, FL 33534		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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10. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <i>Lucille S. Loving</i>			02/14/08		813-961-0870
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30005936



02112008 Chg-LLC CR2E083 (12/06)

L. & K.

ATTACHMENT

30005936
#L07000126063

April 30, 2008

Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Enclosed please find corrected annual report/uniform business report reflecting the correction in block 4 and copy of your letter of March 4, 2008.

When the report was sent to you, included was a check in the amount of \$138.75 which you are no doubt applying to this filing. Please verify that this is the case and kindly process this filing. If this is not the case, please let me know.

Sincerely,



Lucille S. Loving