

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126940

FILED
Apr 06, 2009
Secretary of State

Entity Name: PINE HAMMOCK OF SUMTER COUNTY, LLC

Current Principal Place of Business:

2590 WEST CR 48
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

2590 WEST CR 48
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENNINGS, RICHARD W
205 NORTH JOANNA AVENUE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPAUDE FAMILY PARTNE, RSHIP, LTD
Address: 13023 FARMINGTON TRAIL
City-St-Zip: SEMINOLE, FL 33776 US

Title: MGR () Delete
Name: HENNINGS, RICHARD W
Address: 205 NORTH JOANNA AVE.
City-St-Zip: TAVARES, FL 32778 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD W. HENNINGS

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date