

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126940

**FILED**  
**Apr 28, 2011**  
**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 ( )**

**FEI Number Not Applicable (X)**

**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  
Name: SPAUDE FAMILY PARTNERSHIP, LTD  
Address: 13023 FARMINGTON TRAIL  
City-St-Zip: SEMINOLE, FL 33776 US

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

I hereby 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

04/28/2011

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