

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006703

Entity Name: PORTER OCALA, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

14200 SE HIGHWAY 441  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

14200 SE HIGHWAY 441  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: 26-1792672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODING, W. JAMES III  
1531 SE 36TH AVENUE  
OCALA, FL 34471 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PORTER, SEAN L  
Address: 14200 SE US HWY 441  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGR ( ) Change (X) Addition  
Name: PORTER, RICHARD M  
Address: 14200 SE US HWY 441  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGR ( ) Change (X) Addition  
Name: PORTER, JAMES F JR  
Address: 14200 SE US HWY 441  
City-St-Zip: SUMMERFIELD, FL 34491

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: SEAN L. PORTER

MGR

04/27/2009

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