

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087564

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CIERRA HOMES LLC

**Current Principal Place of Business:**

8205 NW 115TH AVE  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

8205 NW 115TH AVE  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 45-2925039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISELL, KIMBERLY M  
8205 NW 115TH AVE  
OCALA, FL 34482 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:** WISELL, KEITH A  
**Address:** 803 S ISABELLA ST  
**City-St-Zip:** SYLVESTER, GA 31791 US

**Title:** MGRM  
**Name:** WISELL, CARIE A  
**Address:** 803 S ISABELLA ST  
**City-St-Zip:** SYLVESTER, GA 31791 US

**Title:** MGR  
**Name:** WISELL, MARK E  
**Address:** 8205 NW 115TH AVE  
**City-St-Zip:** OCALA, FL 34482 US

**Title:** MGR  
**Name:** WISELL, KIM M  
**Address:** 8205 NW 115TH AVE  
**City-St-Zip:** OCALA, FL 34482 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:** KIM WISELL

MGR

04/24/2012

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