

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 25 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L990000000006

1. Entity Name

LAKE ALFREO DEVELOPMENT, LLC

400006763344--2
-07/30/02--01049--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

130 HAINES BLVD., E.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1178
Suite, Apt. #, etc.

City & State

LAKE ALFREO, FL

City & State

LAKE ALFREO, FL

Zip

33850

Country

POCK

Zip

33850

Country

POCK

4. FEI Number

59-3553802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARDSON, KATHERINE C.

Street Address (P.O. Box Number is Not Acceptable)

130 HAINES BLVD., E.

City

LAKE ALFREO

FL

Zip Code

33850

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Katherine C. Richardson, KATHERINE C. RICHARDSON 7/23/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
DELAFLANE, CHANNING L.
2841 THORNHILL RD.
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
DELAFLANE, RUTH G.
2841 THORNHILL RD.
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
RICHARDSON, KATHERINE C.
2841 THORNHILL RD.
WINTER HAVEN, FL 33880

TITLE
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IN THIS SPACE**

REINSTATEMENT 01-02
dec

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

KATHERINE C. RICHARDSON

SIGNATURE:

Katherine C. Richardson

7/23/02

CR2E083B (12/01)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

May 30, 2002

**LAKE ALFRED DEVELOPMENT, LLC
P.O. BOX 1178
LAKE ALFRED, FL 33850**

**SUBJECT: LAKE ALFRED DEVELOPMENT, LLC
Ref. Number: L99000000006**

We have received your document for LAKE ALFRED DEVELOPMENT, LLC and check(s) totaling \$200.00. However, your check(s) and document are being returned for the following:

You have completed the wrong form. Please complete the attached form.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 402A00034941