

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90191 040 ****50.00

DOCUMENT # L99000000550

1. Entity Name
FLORALA, LLC



Principal Place of Business

**720 KRAFT ROAD
LAKELAND, FL 33815**

Mailing Address

**P.O. BOX 807
LAKELAND, FL 33802**

DO NOT WRITE IN THIS SPACE



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3564326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRELL, JACK SR.
720 KRAFT ROAD
LAKELAND, FL 33815**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME NEW, MINHAEL
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND, FL 33815

TITLE MGR
NAME HARRELL, JACK R JR.
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND, FL 33815

TITLE MGR
NAME SHOOK, MATTHEW D
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND, FL 33815

TITLE MGR
NAME HEEGARD, DAVID
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND, FL 33815

TITLE MGR
NAME PURSELL, DAVID H
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND, FL 33815

TITLE MGR
NAME CLEGHORN, ARNOLD
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND, FL 33815

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/3/04
Date

863-687-2774
Daytime Phone #