

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008184**

1. Entity Name  
**THE SUMMUR LIMITED LIABILITY COMPANY**



Principal Place of Business  
**1740 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470**

Mailing Address  
**1740 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470**



04182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3610973**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PLUNKETT, JOHN  
1740 E SILVER SPRINGS BLVD  
OCALA, FL 34470**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PLUNKETT, JOHN
STREET ADDRESS	5383 SE 15TH AVE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	MGR
NAME	PLUNKETT, KEVIN
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	PLUNKETT, KATHLEEN
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34480
TITLE	MGR
NAME	PLUNKETT, PATRICK
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80068-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**4-23-07 352-671-4677**