

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001193

1. Entity Name
COUNTRY LIFE OF OHIO, L.L.C.



Principal Place of Business
**1826 SOUTH MAIN STREET
AKRON, OH 44301**

Mailing Address
**1826 SOUTH MAIN STREET
AKRON, OH 44301**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3650234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, JAMES L
7100 SUNSET WAY PH 7 WEST
ST. PETE BEACH, FL 33706**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COOK, JAMES L
7100 SUNSET WAY PH 7 WEST
ST. PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COOK, DAVID L
1826 S. MAIN STREET
AKRON, OH 44301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOLFE, TERRY W
1826 S. MAIN STREET
AKRON, OH 44301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000388924
01/20/06-80021-024 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.

TERRY W. WOLFE
SIGNATURE: *Terry W. Wolfe*

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

1/10/06

Date

330-773-3351

Daytime Phone #