

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 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



01162007 No 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, 2007**

000000593109
01/22/07-80019-004 50.00

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

**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

1-16-07

Date

330773 3351

Daytime Phone #