

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001516

Entity Name: LAKE WALES, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

4633 ISLAND CRESTWAY
MERCER ISLAND, WA 98040

New Principal Place of Business:

Current Mailing Address:

4633 ISLAND CRESTWAY
MERCER ISLAND, WA 98040

New Mailing Address:

FEI Number: 20-2341418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, RICHARD B
Address: 308 WEST KINNEAR PLACE
City-St-Zip: SEATTLE, WA 98119

Title: MGR () Delete
Name: ANDERSON, LEANNA M
Address: 308 WEST KINNEAR PLACE
City-St-Zip: SEATTLE, WA 98119

Title: MGR () Delete
Name: ANDERSON, YVONNE
Address: 4633 ISLAND CRESTWAY
City-St-Zip: MERCER ISLAND, WA 98040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVONNE M. ANDERSON

OWNE

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date