

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90350 010 *****50.00

DOCUMENT # M05000005181

1. Entity Name

OUR PLUM LLC



Principal Place of Business

P.O. BOX 218
LOWELL FL 32633

Mailing Address

P.O. BOX 218
LOWELL FL 32633



2. Principal Place of Business - No P.O. Box #

3000 W Hwy 329

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

REDDICK FL

City & State

4. FEI Number

27-0126158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

LUNDCK, MARGARET S
12150 N US HWY 441
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

LUNDCK, MARGARET S

Street Address (P.O. Box Number is Not Acceptable)

3000 W Hwy 329

City

REDDICK

FL

Zip Code

32686

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

Margaret S. Lundock

MARGARET S. LUNDCK MGRM

4-02-07

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
LUNDCK, MARGARET S
P.O. BOX 218
LOWELL FL 32633

☐ Delete

TITLE
NAME
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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Margaret S. Lundock

MARGARET S. LUNDCK

4-02-07

352 369-0063

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

Date

Daytime Phone #