

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001838**

1. Entity Name  
**DESOTO VILLAGE, L.L.C.**



Principal Place of Business  
**4810 STATE ROUTE 72 NW  
ARCADIA, FL 34266**

Mailing Address  
**COOK COMPANIES  
1826 S. MAIN ST.  
AKRON, OH 44301**



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1908711</b>	Applied For Not Applicable
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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  
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**

000000593108  
01/22/07-80019-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COOK, JAMES L
STREET ADDRESS	7100 SUNSET WAY PH7
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	MGRM
NAME	COOK, DAVID L
STREET ADDRESS	1826 S. MAIN ST.
CITY-ST-ZIP	AKRON, OH 44301
TITLE	MGRM
NAME	WOLFE, TERRY W
STREET ADDRESS	1826 S. MAIN ST.
CITY-ST-ZIP	AKRON, OH 44301
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

Date

Daytime Phone #

1-16-07 3307733351