

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 14, 2008 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



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1908711

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
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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
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CITY-ST-ZIP

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U00000783199
01/16/08-80005-007 138.75

**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: _____

DAVID L. COOK

1-7-08 330 773 3351

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

Date

Daytime Phone #