

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013210

1. Entity Name  
CLEVELAND-OSCEOLA, LLC



Principal Place of Business  
2180 CALUMET STREET  
CLEARWATER, FL 33765

Mailing Address  
2180 CALUMET STREET  
CLEARWATER, FL 33765

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB -1 AM 11:04



01102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
46-0485352

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W  
311 SOUTH MISSOURI AVE.  
CLEARWATER, FL 33756

**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 MGR  
NAME JOHANSSON, HAKAN  
STREET ADDRESS 2180 CALUMET STREET  
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VPST  
NAME JOHANSSON, GABRIELA  
STREET ADDRESS 2180 CALUMET STREET  
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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**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 #