

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90151 020 \*\*\*138.75

**DOCUMENT # L02000034701**

**1. Entity Name**  
**LIGHT BULB DEPOT 5 LLC**



**Principal Place of Business**  
**7206 BEACH BLVD.**  
**JACKSONVILLE, FL 32216-2944**

**Mailing Address**  
**P.O. BOX 2363**  
**SARASOTA, FL 34230-2363**

**60018981**



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

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172008 Chg-LLC CR2E083 (12/06)

**4. FEI Number**  
**71-0916712**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE, SUITE 4**  
**WESTON, FL 33331**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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**

**Make check payable to --**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** MGR ☒ Delete  
**NAME** CELLA, ANTHONY  
**STREET ADDRESS** 2121 CORNELL STREET  
**CITY-ST-ZIP** SARASOTA, FL 34237

**TITLE** MGR ☒ Delete  
**NAME** LAUDERDALE, CARLOS  
**STREET ADDRESS** 7206 BEACH BLVD.  
**CITY-ST-ZIP** JACKSONVILLE, FL 32216

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

**TITLE** ~~MGR~~ Secretary ☐ Change ☒ Addition  
**NAME** PATRICIA ANDERSON  
**STREET ADDRESS** 244 SHOPPING AVE. #166  
**CITY-ST-ZIP** SARASOTA, FL 34217

**TITLE** MGR ☐ Change ☒ Addition  
**NAME** JEFF PICKETT  
**STREET ADDRESS** 7206 BEACH BLVD.  
**CITY-ST-ZIP** JACKSONVILLE, FL 32216

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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**

*Patricia Anderson, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/08

941-552-2446