


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000074977

1. Entry Name
 13949 W. HILLSBOROUGH AVE, LLC.



Principal Place of Business 965 S. BAYSHORE BLVD SAFETY HARBOR, FL 34695	Mailing Address 965 S. BAYSHORE BLVD SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1758277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POLITIS, GREGORY
 965 S. BAYSHORE BLVD
 SAFETY HARBOR, FL 34695

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000912946
 05/07/08-80100-009: 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLITIS, GREGORY 965 S. BAYSHORE BLVD SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLITIS, PETER 965 SOUTH BAYSHORE BOULEVARD SAFETY HARBOR, FL 34695
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TITLE NAME STREET ADDRESS 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 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: Gregory Politis **GREGORY POLITIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **MANAGING MEMBER** 4/15/08
 Date Daytime Phone #