

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000031627

1. Entity Name
KRAUSE, BOYER, PUDDICOMBE, LLC



Principal Place of Business

P.O. BOX 25531
TAMPA, FL 33622

Mailing Address

P.O. BOX 25531
TAMPA, FL 33622

DO NOT WRITE IN THIS SPACE



07122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1452899

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYTS, ANDREW J ESQ
105 S TAMPANIA AVE, STE 200
TAMPA, FL 33609

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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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUSE, THOMAS S P.O. BOX 25531 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYER, JOHN R P.O. BOX 25531 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUDDICOMBE, H. JAMIE P.O. BOX 25531 TAMPA, FL 33622
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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 #

7/15/07 813-637-8888