

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061481

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC9043743717**

**Entity Name:** LIGHT BULB DEPOT OF TAMPA LLC

**Current Principal Place of Business:**

2121 CORNELL ST  
1ST FLOOR  
SARASOTA, FL 34237-3437

**Current Mailing Address:**

P.O. BOX 410  
AURORA, MO 65605-0410 US

**FEI Number:** 27-0428619

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CALEB HOLDINGS, INC.  
Address 2620 MARYLAND PARKWAY, #854  
City-State-Zip: LAS VEGAS NV 89109

Title MGR  
Name ANDERSON, PATRICIA  
Address 805 N. CARNATION  
City-State-Zip: AURORA MO 65605

Title MGR  
Name MARRS II, DAVID M  
Address 8466 N. LOCKWOOD RIDGE RD #328  
City-State-Zip: SARASOTA FL 34243

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENNIS R. BRIXEY

**CFO OF MANAGING  
MEMBER**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date