

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000207646

**Entity Name:** 108CCD LLC

**Current Principal Place of Business:**

17919 BURRELL RD.  
ODESSA, FL 33556

**Current Mailing Address:**

17919 BURRELL RD.  
ODESSA, FL 33556 US

**FEI Number:** 81-0874302

**Certificate of Status Desired:** No

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

TATE, ELIZABETH S  
17919 BURRELL RD.  
ODESSA, FL 33556 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:** ELIZABETH S. TATE

01/23/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TATE, ELIZABETH S  
Address 17919 BURRELL RD.  
City-State-Zip: ODESSA FL 33556

Title AUTHORIZED MEMBER  
Name TATE, STEPHEN M  
Address 17919 BURRELL RD.  
City-State-Zip: ODESSA FL 33556

Title AUTHORIZED MEMBER  
Name BOUFFARD, KELLY A  
Address 5827 FIELDSPRING AVE.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title AUTHORIZED MEMBER  
Name BOUFFARD, CRAIG T  
Address 5827 FIELDSPRING AVE.  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** STEPHEN M TATE

AUTHORIZED MEMBER

01/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date