

**2017 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  
17452 MEADOW LANE  
LUTZ, FL 33558 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

02/13/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	TATE, ELIZABETH S	Name	TATE, STEPHEN M
Address	17919 BURRELL RD.	Address	17919 BURRELL RD.
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	BOUFFARD, KELLY A	Name	BOUFFARD, CRAIG T
Address	5827 FIELDSPRING AVE.	Address	5827 FIELDSPRING AVE.
City-State-Zip:	NEW PORT RICHEY FL 34655	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:** ELIZABETH S. TATE

MANAGER

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date