

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90079 025 ***138.75

DOCUMENT # L00000009799

1. Entity Name
TURN 2 ENTERPRISES, LLC



Principal Place of Business
**550 N REO STREET STE 300
OFFICE 10
TAMPA, FL 33609-1065**

Mailing Address
**550 N REO STREET STE 300
OFFICE 10
TAMPA, FL 33609-1065**

60000902



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
58-2565741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JETER, S. CHARLES
550 N REO STREET STE 300
OFFICE 10
TAMPA, FL 33609-1065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME JETER, DEREK
STREET ADDRESS P.O. BOX 43602
CITY-ST-ZIP DETROIT, MI 48243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME POKORNY, JAMES R
STREET ADDRESS ~~3560 LANDER RD~~
CITY-ST-ZIP ~~PEPPER PIKE, OH 44124~~

TITLE ☒ Change ☐ Addition
NAME 8401 Chagrin Road Svc 16
STREET ADDRESS Chagrin Falls Ohio 44033
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

J.R. Pokorny *James R. Pokorny* *1/6/08* *440-543-3311*