

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AKA) - DUE BY MAY 1, 2008**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000011289

1. Entity Name

SAILBIRD, LLC



Principal Place of Business

15 AVIATION DRIVE
WINTER HAVEN FL 33881

Mailing Address

15 AVIATION DRIVE
WINTER HAVEN FL 33881



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

02-0689369

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

WILLISTON, EVERETT S JR.
15 AVIATION DRIVE
WINTER HAVEN FL 33881

Name

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

City

FL

Zip Code

B. 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 the filer (applicable)

(NOTE: Registered Agent's signature required when resigning)

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 MEM ☐ Delete
NAME EVERETT S. WILLISTON SR. TRUSTEE
STREET ADDRESS 15 AVIATION DRIVE
CITY- ST- ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS U000000943964
CITY- ST- ZIP 05/29/08-90079-023 138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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: EVERETT S. WILLISTON JR.
Everett S. Williston Jr.

29 APRIL 2008 863-2935584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Corporate Phone #