

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 042 ***138.75

DOCUMENT # L00000014916

1. Entity Name
CAVANAUGH CO., LLC



Principal Place of Business
1805 APEX RD.
SARASOTA, FL 34240

Mailing Address
1805 APEX RD.
SARASOTA, FL 34240

60011100



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

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number

65-1077705

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

CAVANAUGH, JOHN V
3235 ALEX FINDLAY PL.
SARASOTA, FL 34240

Name
NH BUSINESS SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2070 Ringling Blvd.

City Sarasota

FL

Zip Code 34234

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. NH Business Services, Inc.

SIGNATURE F. Steven Herb

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

2/06/08

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 MGR
NAME CAVANAUGH, J.V.
STREET ADDRESS 3235 ALEX FINDLAY PL.
CITY-ST-ZIP SARASOTA, FL 34240 ☐ Delete

TITLE Managing Member
NAME John V. Cavanaugh
STREET ADDRESS 1808 Apex Rd.
CITY-ST-ZIP Sarasota, FL 34240 ☒ Change ☐ Addition

TITLE MGR
NAME CAVANAUGH, V.J.
STREET ADDRESS 1930 WISTERIA ST.
CITY-ST-ZIP SARASOTA, FL 34239 ☒ Delete

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

TITLE MGR
NAME CAVANAUGH, SUSAN
STREET ADDRESS 1805 APEX RD.
CITY-ST-ZIP SARASOTA, FL 34242 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

John V. Cavanaugh 2/19/08 941 371-0016

Date

Daytime Phone #