## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 07, 2007 8:00 am Secretary of State

Principal Place of Business No P.O. Box # 135617 TAMPA, FL 33647 PO Box 47357 TAMPA, FL 3667 PO Box 47357 TAMPA, FL 3667 PO Box 47357 TAMPA, FL 3667 PO Box 47357 PO Box 473	DOCUI 1. Entity Nam BEAR IM	e	# L010000107			02-07-2007	90112	030 ****	50.00		
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SILVA, ALBERT J PO BOX 47357 4324 ANNISTON CIR TAMPA, FL 33647  8. The above named entity submits this statement for the purpose of changing its registered difference of registered agent, or both, in the State of Florida. I am familiar with, and scrept the obligations of registered agent.  SIGNATURE  Filing Fee is \$50,00  TILL  MANY MANY ALBERT J PO BOX 47357  SIGNATURE  MANY BOY MAY 1, 2007  PANY BOY MAY 1, 2007  MANY BOY MAY 1, 2007  PANY BOY MAY 1, 2007  MANY BOY MAY 1, 2007  PANY BOY MAY 1, 2007  MANY BOY MAY 1, 2007  PANY BOY MAY 1, 2007	Zíp	Zíp Country		Zip Cauntry		try	5 Certificate of Status Desired \$5.00 Additional				
SILVA ALBERT J   PO BOX 47357   4924 ANNISTON CIR TAMPA, FL 33647   FL   21p Code		6. Name	and Address of Current F	legistered Agent			7. Name and	Address of New Re	egistered .		
Sire Address (P.O. Box Number is Not Acceptable)	·····	0. 110.110	and Address of Carrent	ogiotoro - gont		Name	71 (144)110 2.110		-g,		
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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	STREET ADDRESS CITY-ST-ZIP  TITLE NAME	SILVA, AL PO BOX 4	47357	☐ Delete ☐ Delete ☐ Delete ☐ Delete	NAMES STREET COLLY TOTAL STREET TOTAL ST	E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E E ET ADDRESS -ST-ZIP  E E E E E E E E E E E E E E E E E E				☐ Change ☐ Change ☐ Change	Addition Addition
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