

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**01-07-2008 90046 025 ***138.75
FILED L02000021127

08 JUL -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60000102



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
04-3709572Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SANTANA, RAFAEL
1130 MILL RUN CIRCLE
APOPKA, FL 32703**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$438.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SANTANA, RAFAEL
1130 MILL RUN CIRCLE
APOPKA, FL 32703TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 006, Florida Statutes.

SIGNATURE:

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

Designate Phone #