

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000028032

**FILED**  
**Jun 03, 2008**  
**Secretary of State**

**Entity Name:** THEOBALD BROTHER'S LLC

**Current Principal Place of Business:**

2161 NW 108 AVE  
PEMBROKE PINES, FL 33326

**New Principal Place of Business:**

1975 SACRAMENTO  
WESTON, FL 33326

**Current Mailing Address:**

2161 NW 108 AVE  
PEMBROKE PINES, FL 33326

**New Mailing Address:**

1975 SACRAMENTO  
WESTON, FL 33326

**FEI Number:** 36-4536964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THEOBALD, GLEN F  
2161 NW 108 AVE  
PEMBROKE PINES, FL 33326 US

**Name and Address of New Registered Agent:**

THEOBALD, GRAIG F  
1975 SACRAMENTO  
WESTON, FL 33326 US

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.

SIGNATURE: GRAIG THEOBALD

06/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THEOBALD, GRAIG F  
Address: 1975 SACRAMENTO  
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Delete  
Name: THEOBALD, GLEN  
Address: 2161 NW 108 AVE  
City-St-Zip: PEMBROKE PINES, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GRAIG THEOBALD

PRES

06/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date