

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000039684

1. Entity Name

AUSTIN 1 UNLIMITED INDOOR AND OUTDOOR
PRODUCT, LLC



Principal Place of Business

2545 N.W. 75TH STREET
MIAMI, FL 33147

Mailing Address

2545 N.W. 75TH STREET
MIAMI, FL 33147



01282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0311496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, TRESA
2545 N.W. 75TH STREET
MIAMI, FL 33147

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BODDIE, LUCINDA
STREET ADDRESS	2545 N.W. 75TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	MGRM
NAME	AUSTIN, TRESA
STREET ADDRESS	2545 NW 75TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000819884
02/18/08-80006-005 138.75

**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 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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/28/08 (305) 641-6862
Date Daytime Phone #